

Welcome, New State Employee!

The State of Montana is pleased to offer you a comprehensive package of insurance benefits from which to choose. These benefits are a large part of your compensation, and **some benefits can only be guaranteed if you enroll within your initial enrollment period ▶ the first 31 days of State employment or eligibility.** Your coverage is effective on your date of hire or the first day of the pay period following receipt of the form in the Benefits Bureau. You can expect to receive medical and dental identification cards within **six weeks of returning your forms.** The State of Montana is a self-funded insurance group, which means that insurance is not purchased, but rather, the state and employee out-of-pocket insurance contributions are pooled and used to pay claims. Each member shares the responsibility of being a wise healthcare consumer, thereby containing costs and premium amounts as much as possible. There are a variety of ways you can reduce costs such as utilization of the wellness and employee assistance programs that are available to you. These programs are outlined in detail within this booklet.

Enrollment

If you choose to participate in the benefits package offered by the State of Montana, you will receive \$366 per month employer contribution toward the cost of benefits. All employees who wish to participate must enroll in the “**Core Benefits.**” The “**Core Benefits**” consist of :

- ◆ One of the medical plans outlined in this book
- ◆ The State Dental Plan
- ◆ Basic Life Insurance (\$14,000)

There are **add on benefits** that you may choose in addition to the above core benefits. **They include:**

Medical and/or Dental Coverage for dependents
Additional Life Insurance for you and/or your dependents
Flexible Spending Accounts for Medical and/or Dependent Care
Long Term Care Insurance
Vision Coverage

HOW TO ENROLL

Complete the forms listed below. (These forms are included within this packet)

1. For Medical Insurance, Dental, Vision, and the Premium Payment Plan complete the **State of Montana Employee Group Benefits Plan Enrollment/Change Form.**
2. For Life Insurance complete the **Standard Life Insurance Co. Enrollment/Change Form.**
3. For the Flexible Spending Accounts (FSA) complete the **ASI Flexible Spending Account Enrollment/Change Form.**
4. To enroll in Long Term Care Insurance you must request a **Long Term Care Insurance Enrollment Kit** from the Benefits Bureau 800-287-8266 or 444-7462 in Helena.

Waiving Coverage

If you choose to waive coverage and do not wish to participate in the group health insurance offered, please check the WAIVER of Coverage box located on the upper right hand corner of the Employee Group Benefits Plan Enrollment/Change Form.

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GLOSSARY

Allowable charges

A set dollar allowance for procedures/services that are covered by the plan.

Benefit year/Plan year

The period starting January 1 and ending December 31 of each year.

Certification/pre-certification

A determination by the appropriate medical plan administrator that a specific service – such as an inpatient hospital stay – is medically necessary. Pre-certification is done in advance of a non-emergency admission by contacting the plan administrator.

Coinsurance

A percentage of allowable and covered charges that a member is responsible for paying, after paying any applicable deductible. The medical plan pays the remaining allowable charges.

Copayment

A fixed dollar amount for allowable and covered charges that a member is responsible for paying. The medical plan pays the remaining allowable charges. This type of cost-sharing method is typically used by managed care medical plans.

Covered charges

Charges for medical services that are determined to be medically necessary and are eligible for payment under a medical insurance plan.

Deductible

A set dollar amount that a member and family must pay before the medical plan begins to share the costs.

Formulary

A list of prescription drugs that are preferred because of their effectiveness and cost. Copayments and coinsurance rates are lower for formulary drugs than for nonformulary drugs.

In-network providers

Providers who contract with a managed care plan to manage the delivery of care for plan members.

Indemnity medical plan

Plans that require a deductible to be met before any cost sharing begins. The state refers to these plans as its Traditional and Basic plans.

Managed Care medical plan

Plans that coordinate medical care with a Primary Care Provider and offer differing levels of benefits for in-network and out-of-network providers.

Nonformulary

A list of prescription drugs that are not preferred. Copayments and coinsurance rates are higher for nonformulary drugs than for formulary drugs.

Out-of-network providers

Any provider who renders services to a managed care member, but is not a participant in the plan's network.

Out-of-pocket maximum

The maximum dollar amount of any coinsurance that a member or family must pay in a benefit year. Once the out-of-pocket maximum has been paid, the member or family is not responsible for paying any further allowable charges for the remainder of the benefit year. The out-of-pocket maximum does not include deductibles or copayments.

Participating providers

Providers who have a contract with the plan administrator to accept allowable charges as payment in full.

Primary Care Provider

A provider that coordinates a member's medical care and provides referrals for specialty care.

Prior authorization

A process that determines whether a proposed service, medication, supply, or on-going treatment is covered by the relevant medical or prescription drug.

MONTHLY OUT-OF-POCKET BENEFIT PREMIUM COSTS

STATE CONTRIBUTION FOR 2003

ACTIVE EMPLOYEES \$ 366.00 (a)

CORE BENEFITS

MEDICAL PLAN (See rates on page 6)

CHOOSE ONE — [Traditional: \$ _____ (b)
Basic: \$ _____ (b)
Blue Choice: \$ _____ (b)
New West: \$ _____ (b)
Peak Health: \$ _____ (b)

DENTAL PLAN (See rates on page 13) \$ _____ (c)

BASIC LIFE INSURANCE OF \$14,000 (Page 14) \$ 2.80 (d)

TOTAL CORE BENEFITS PREMIUM Add lines b, c, and d = \$ _____ (e)

NET COST OF CORE BENEFITS AFTER STATE CONTRIBUTION Subtract line e from a = \$ _____ (f)

* If line f is < \$0, you will pay out-of-pocket for Core Benefits each month.

OPTIONAL BENEFITS

FLEXIBLE SPENDING ACCOUNTS (Page 12) Medical FSA \$ _____ (g)
Dependent Care FSA \$ _____ (h)
Required administrative fee of \$2.16 if an amount is entered on line g and/or h \$ _____ (i)

LIFE INSURANCE (See rates on page 14) Dependent Life for \$.52 (\$2,000/spouse; \$1,000/child) \$ _____ (j)
Optional Employee Life (Age rate x every \$1,000 of coverage) \$ _____ (k)
Supplemental Spouse (Age rate x every \$1,000 of coverage) \$ _____ (l)
Accidental Death & Dismemberment (\$.04 or \$.055 (with dependents) x every \$1,000 of coverage) \$ _____ (m)

LONG-TERM CARE INSURANCE (See rates on pages 26 and 27) \$ _____ (n)

VISION SERVICE PLAN (See rates on page 13) \$ _____ (o)

OPTIONAL BENEFITS PREMIUM Add lines g, h, i, j, k, l, m, n and o = \$ _____ (p)

TOTAL MONTHLY OUT-OF-POCKET COSTS FOR 2003 BENEFITS

CORE BENEFITS Enter amount from line e \$ _____ (q)
OPTIONAL BENEFITS Enter amount from line p \$ _____ (r)
TOTAL BENEFITS Add lines q and r \$ _____ (s)
STATE CONTRIBUTION Enter amount from line a \$ _____ (t)
TOTAL MONTHLY OUT-OF-POCKET COSTS FOR 2003 BENEFITS Subtract line t from s \$ _____

ANNUAL BENEFIT PLAN SUMMARY

MEDICAL PLAN



Blue Cross/Blue Shield of Montana • 1-800-423-0805 or 444-8315
www.bluecrossmontana.com

New West Health Plan • 1-800-290-3657 or 457-2202
www.newwesthealth.com

Peak Health Plan • 1-866-368-7325
www.healthinonetmt.com

MEDICAL RATES

Monthly Premiums	Traditional	Basic	Peak	Blue Choice	New West
Employee	\$331	\$308	\$318	\$335	\$317
Employee & spouse	\$498	\$455	\$483	\$509	\$486
Employee & children	\$452	\$415	\$440	\$463	\$443
Employee & family	\$526	\$480	\$509	\$537	\$512
Joint Core	\$386	\$359	\$378	\$397	\$381

TRADITIONAL

MEDICAL PLAN COSTS

Administered by BCBS and APS

Annual Deductible* (Applies to all services, unless otherwise noted)	\$435/Member \$1,305/Family
Coinsurance Percentages	
General	25%
Preferred Facility Services (See page 36 for a list of preferred facilities)	20%
Nonpreferred Facility Services (See page 36 for a list of non-preferred facilities)	35%
Annual Out-of-Pocket Maximums*	Average of \$1,500/Member (20% - 35% of \$6,000 in allowable charges)
	Average of \$3,000/Family (20% - 35% of \$12,000 in allowable charges)

*You pay deductible and coinsurance on allowable charges only (see Glossary on page 4).

MEDICAL PLAN SERVICES

Coinsurance:

Hospital Services (Inpatient services must be certified. Pre-certification is strongly recommended.)	20% - 35%
Room Charges	20% - 35%
Ancillary Services	20% - 35%
Surgical Services	20% - 35%
Outpatient Services	20% - 35%

BENEFIT YEAR 2003

MEDICAL LIFETIME MAXIMUMS

Each Plan has a set maximum payable. This maximum is per person, per lifetime. The amounts shown below are the amounts that the plan would pay on an individual.

Traditional & Basic Plans: \$1,000,000 lifetime maximum; Additional \$2,000 available annually after the lifetime maximum is met.

Managed Care Plans: \$1,000,000 lifetime maximum

BASIC		MANAGED CARE BENEFIT PLANS	
		BLUE CHOICE - Administered by Blue Cross/Blue Shield of MT NEW WEST - Administered by New West Health Plan PEAK - Administered by Peak Health Plan	
Administered by BCBS and APS		In-Network Benefits	Out-of-Network Benefits
\$1,305/Member \$2,610/Family		\$300/Member \$600/Family	Separate \$500/Member Separate \$1,000/Family
25% 20% 35%		25%	35%
Average of \$2,500/Member (20% - 35% of \$10,000 in allowable charges) Average of \$5,000/Family (20% - 35% of \$20,000 in allowable charges)		\$2,000/Member \$4,000/Family	Separate \$2,000/Member Separate \$4,000/Family
Coinsurance/Copayment:		Coinsurance/Copayment:	Coinsurance:
20% - 35%		25%	35%
20% - 25%		25%	35%
20% - 25%		25%	35%
20% - 35%		25%	35%
20% - 35%		25%	35%

ANNUAL BENEFIT PLAN SUMMARY

MEDICAL PLAN COSTS

TRADITIONAL

Physician Services Office Visits	25% (no deductible for two office visits)
Inpatient Physician Services	25%
Lab/Ancillary/Miscellaneous Charges	25%
Emergency Services Ambulance Services for Medical Emergency	25%
Emergency Room Hospital Charges	20% - 35%
Professional Charges	25%
Urgent Care Facility Services - Hospital Based Hospital Charges	20% - 35%
Professional Charges	25%
Urgent Care Facility Services - Free Standing Facility Services	25%
Professional Charges	25%
Maternity Services Hospital Charges	20% - 35%
Physician Charges	25%
Prenatal Office Visits	25%
Routine Newborn Care Inpatient Hospital Charges	20% - 35% (no deductible)
Physician and Lab Charges	0% (no coinsurance, no deductible)
Preventive Services Adult Exams and Tests Mammogram, gyno exam and pap, proctoscopic and colonoscopic exams, PSA tests, bone density tests	25% (no deductible) Max: 2 bone density tests/lifetime Max: \$130 for colonoscopy & sigmoidoscopy
Adult Immunizations for Pneumonia and Flu	Not covered
Well-Child Checkups and Immunizations	25% (no deductible) 0% (no deductible for County Health Department) (through age 5)
Mental Health Services Mental Health Care Inpatient Services (Inpatient services must be certified. Pre-certification is strongly recommended.) Max: One inpatient day may be exchanged for two partial hospital days.	20% - 35% 21 days (No max for severe conditions)
Outpatient Services With required referral or EAP counselor referral	25% Max: 40 visits (No max for severe conditions)
With NO required referral or EAP counselor referral	50% Max: 20 visits (No max for severe conditions)

BENEFIT YEAR 2003

BASIC	IN-NETWORK MANAGED CARE	OUT-OF-NETWORK MANAGED CARE
\$15/visit (no deductible)	\$15/visit (some lab & diagnostic included)	35%
25%	25%	35%
25%	25%	35%
25%	\$100 copay	Covered under In-Network Benefit
20% - 35%	\$75/visit for facility charges only (waived if inpatient hospital or out-patient surgery coinsurance applies)	Covered under In-Network Benefit
25%	25%	25%
20% - 35%	\$25/visit	\$25/visit
25%	25%	35%
25%	\$25/visit	\$25/visit
25%	25%	35%
20% - 35%	25%	35%
25%	25%	35%
25%	\$50 global copay for all prenatal care	35%
20% - 35% (no deductible)	25%	35%
0% (no coinsurance, no deductible)	25%	35%
25% (no deductible) Max: 2 bone density tests/lifetime Max: \$130 for colonoscopy & sigmoidoscopy	\$15/visit (periodic physicals covered, including PSA, PAP, basic blood panel, and limited lab work) \$0 co-pay for mammogram 25% for bone density scan, sigmoidoscopy, colonoscopy, proctoscopy	35%
Not covered	\$15 with office visit (Allergy shots 25%, with no deductible in-network)	35%
25% (no deductible) 0% (no deductible for County Health Department) (through age 5)	\$15/visit Max: Academy of Pediatrics Definitions (through age 18)	35%
20% - 35% 21 days (No max for severe conditions)	25% 21 days (No max for severe conditions)	35%
25% Max: 40 visits (No max for severe conditions)	\$15/visit Max: 30 visits (No max for severe conditions)	35%
50% Max: 20 visits (No max for severe conditions)	\$15/visit Max: 30 visits (No max for severe conditions)	35%

ANNUAL BENEFIT PLAN SUMMARY

MEDICAL PLAN COSTS

TRADITIONAL

Chemical Dependency Inpatient Services* <i>(Inpatient services must be certified. Pre-certification is strongly recommended.)</i>	20% - 35%
Outpatient Services* With required referral or EAP counselor referral	25% Max: 40 visits and Dollar Limit*
With NO required referral or EAP counselor referral	50% Max: 20 visits and Dollar Limit*
*Dollar Limit Max for all Chemical Dependency Services: Combined inpatient/outpatient max of \$6,000/year; \$12,000/lifetime; \$2,000/year thereafter.	
Rehabilitative Services	
Physical, Occupational, and Speech Therapy Inpatient Services <i>(Inpatient services must be certified. Pre-certification is strongly recommended.)</i>	20% - 35% Max: 60 days
Outpatient Services – Hospital	20% - 35% Max: \$2,000/year for all outpatient (\$10,000/year for prior auth. conditions)
Outpatient Services – Non-Hospital	25% Max: \$2,000/year for all outpatient (\$10,000/year for prior auth. conditions)
Alternative Health Care Services	
Acupuncture	25% (plus charges over \$30/visit)
Naturopathic	25% (plus charges over \$30/visit)
Chiropractic	25% (plus charges over \$30/visit) Max: 25 visits in any combination for alternative health care
Extended Care Services	
Home Health Care <i>(Physician ordered/prior authorization recommended)</i>	25% Max: 70 days
Hospice	25% (20% - 35% if hospital-based) Max: 6 months
Skilled Nursing	25% (20% - 35% if hospital-based) Max: 70 days
Miscellaneous Services	
Dietary/Nutritional Counseling <i>(When medically necessary and physician ordered)</i>	20% - 35% Max: \$250
Durable Medical Equipment, Appliances, and Orthotics <i>(Prior authorization required for amounts >\$500)</i>	25% Max: \$100 for foot orthotics (per foot)
PKU Supplies	25%
Transportation <i>(Limited to reasonable one-way expenses for services not available in MT)</i>	25%
Organ Transplants <i>(Must be certified. Pre-certification is strongly recommended.)</i>	
Transplant Services Lifetime Maximums:	25% <ul style="list-style-type: none"> • Liver: \$200,000 • Heart: \$120,000 • Lung: \$160,000 • Heart/Lung: \$160,000 • Bone Marrow: \$160,000 • Pancreas: \$68,000 • Cornea/Kidney: No maximum

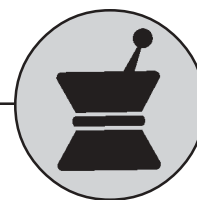
BENEFIT YEAR 2003

BASIC	IN-NETWORK MANAGED CARE	OUT-OF-NETWORK MANAGED CARE
20% - 35%	25%	35%
25% Max: 40 visits and Dollar Limit*	\$15/visit Max: Dollar Limit*	35%
50% Max: 20 visits and Dollar Limit*	\$15/visit Max: Dollar Limit*	35%
20% - 35% Max: 60 days	25% Max: 60 days	35% Max: 60 days
20% - 35% Max: \$2,000/year for all outpatient (\$10,000/year for prior-auth. conditions)	\$15/visit Max: 30 visits	35% Max: 30 visits
25% Max: \$2,000/year for all outpatient (\$10,000/year for prior-auth. conditions)	\$15/visit Max: 30 visits	35%
25% (plus charges over \$30/visit)	Not covered	Not covered
25% (plus charges over \$30/visit)	Not covered	Not covered
25% (plus charges over \$30/visit) Max: 25 visits in any combination for alternative health care	\$15/visit Max: 20 visits for chiropractic subject to required referral	Not covered
25% Max: 70 days	\$15/visit Max: 30 visits	35% Max: 30 visits
25% (20% - 35% if hospital-based) Max: 6 months	25% Max: 6 months	35% Max: 6 months
25% (20% - 35% if hospital-based) Max: 70 days	25% Max: 30 days instead of hospitalization	35% Max: 30 days instead of hospitalization
20% - 35% Max: \$250	\$15/visit Max: no limit	35%
25% Max: \$100 for foot orthotics (per foot)	25% (Not applied to out-of-pocket max) Max: \$100 for foot orthotics (per foot)	35%
25%	0% (Plan pays for 100% for services required under State mandate.)	35%
25%	Ambulance service & organ transplant only	Not covered
25% • Liver: \$200,000 • Heart: \$120,000 • Lung: \$160,000 • Heart/Lung: \$160,000 • Bone Marrow: \$160,000 • Pancreas: \$68,000 • Cornea/Kidney: No maximum	25% \$500,000 lifetime maximum with \$5,000 of the maximum available for travel to and from the facility.	Not covered

ANNUAL BENEFIT PLAN SUMMARY

PRESCRIPTION DRUG PLAN

Administered by Eckerd Health Services (EHS) • 1-888-347-5329 • www.ehs.com
\$100.00 DEDUCTIBLE PER PERSON EFFECTIVE 07/01/03 ON RETAIL PRESCRIPTIONS



Out-of-Pocket Maximums

Each Prescription	\$250
Each Member	\$1,160/year
Each Family	\$2,320/year

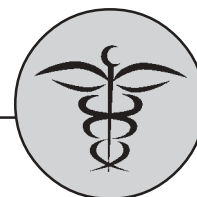
Type of Drug	Local Pharmacy Costs (After Deductible)	Mail Order Pharmacy Costs
Supply Amount	• 30-day maximum	• 90-day maximum
Generic		• \$20 copay + 10% of cost over \$400*
If Rx cost is <\$8	• Actual pharmacy charges	
If Rx cost is \$8+	• 10% coinsurance (\$8 minimum)	
Brand, Formulary		• \$40 copay + 20% of cost over \$400*
If Rx cost is <\$16	• Actual pharmacy charges	
If Rx cost is \$16+	• 20% coinsurance (\$16 minimum)	
Brand, Nonformulary		• \$60 copay + 30% of cost over \$400*
If Rx cost is <\$24	• Actual pharmacy charges	
If Rx cost is \$24+	• 30% coinsurance (\$24 minimum)	

* For prescriptions costing more than \$400 for a 90-day supply, call Eckerd Health Services to determine the total out-of-pocket cost.

NOTE: Prescription drug coverage is effective one year from your election date, unless you provide a certificate of coverage reflecting that you had previous prescription coverage.

FLEXIBLE SPENDING ACCOUNTS

Administered by ASI • 1-800-659-3035 • FAX 1-573-874-0425 • www.asiflex.com

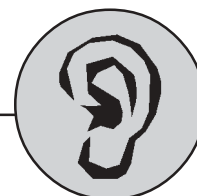


Account Types	Annual Amounts	Qualifying Expense Examples
Medical	• Minimum: \$120 • Maximum: \$5,000/Employee	• Eye exams, contact lenses and solution, glasses, LASIK surgery, dental exams and services, chiropractic care, prescription drugs and insulin, hearing aids and exams, doctor visits, copays, and deductibles.
Dependent Care	• Minimum: \$120 • Maximum: \$5,000/Family	• Day care centers (must comply with state and local laws), baby-sitters, preschool, and general-purpose day camps.

Administrative cost is \$2.16 per month.

EMPLOYEE ASSISTANCE PROGRAM

Administered by APS Healthcare • 1-800-635-5271 or 444-8550 • www.apshealthcare.com

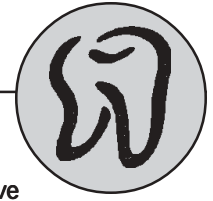


Covered Services	Costs	Annual Maximums
Short-term Services		
Counseling	• Free	• 4 visits per issue
Legal and Financial Consultations	• Free	
Long-term Services		
Counseling	• 25% with APS referral	• 40 outpatient visits
Psychiatric Services	• 25% with APS referral	• 40 outpatient visits
Chemical Dependency Services	• 25% with APS referral	• 40 outpatient visits

*Inpatient and Non-referred Services are covered in the Mental Health section of the Annual Benefit Plan Summary.

BENEFIT YEAR 2003

DENTAL PLAN



Administered by Blue Cross/Blue Shield of Montana
1-800-423-0805 or 444-8315 • www.bluecrossmontana.com

DEDUCTIBLE OF \$50.00 PER PERSON APPLIES BEGINNING 07/01/03 (excludes Type A preventative services). MAXIMUM YEARLY BENEFIT OF \$1,000.00 FOR ALL SERVICES WILL BE IMPLEMENTED 07/01/03.

Monthly Premiums

Member only	\$28.60
Member and spouse	\$34.60
Member and children	\$41.60
Member and family	\$46.60
Joint Core	\$32.60

Covered Services	Plan Pays	Limitations/Maximums
Type A: Preventive and Diagnostic	• 100%**	<ul style="list-style-type: none"> • One full-mouth X-ray or series in any 36-month period. • One set of supplementary bitewing X-rays in any 180-day period. • One exam and/or cleaning in any 180-day period. (Fluoride application covered through age 19.) • Subject to \$1,000 yearly maximum • Not subject to deductible
Type B: Fillings, Oral Surgery, etc.	• 80%**	<ul style="list-style-type: none"> • Subject to \$50.00 deductible • Subject to \$1,000 yearly maximum
Type C: Dentures, Bridges, etc.	• 50%**	<ul style="list-style-type: none"> • Subject to \$50.00 deductible • Subject to \$1,000 yearly maximum • Replacement crowns limited to once every five years. • Replacement dentures limited to once every five years. • \$10,000/lifetime for edentulous Dental Implants • Prior authorization required. Yearly maximum also applies. • Dental sealants – limited to covered dependents under age 16 – may be applied to molars once per tooth per lifetime.

**Of allowable charges.

OPTIONAL VISION PLAN



Administered by VSP Well Vision
1-800-877-7195 • www.vsp.com

Monthly Premiums

Member only	\$ 7.85
Member and spouse	\$12.40
Member and children	\$12.65
Member and family	\$20.40

Covered Services	Frequency	Coverage from a VSP Doctor	Out of Network Reimbursement
Eye Exam	12 months	\$10 copay	Up to \$45 allowance
Frames	24 months	Up to \$120 allowance	Up to \$47 allowance
Lenses	24 months	\$20 copay applied to lenses & frame	Up to \$45 allowance - single vision Up to \$65 allowance - lined bifocal Up to \$85 allowance - lined trifocal
Contact Lenses	24 months	Up to \$105 allowance	Up to \$105 allowance

**Other value added discounts available - see page 18 for more details

ANNUAL BENEFIT PLAN SUMMARY

LIFE INSURANCE PLAN

Administered by Standard Insurance Company
For information, call the Employee Benefits Bureau • 1-800-287-8266 or 444-7462



Monthly Premiums

Plan A: Basic Life (\$14,000)	\$2.80
Plan B: Dependent Life	\$0.52
Plan C: Optional Employee Life	(Age Rate) x (every \$1,000 of coverage)
Plan D: Optional Spouse Life	(Age Rate) x (every \$1,000 of coverage)
Plan E: Accidental Death & Dismemberment (Employee only)	\$0.040/\$1,000 of coverage
Plan E: Accidental Death & Dismemberment (Employee plus dependents)	\$0.055/\$1,000 of coverage

Age Rates

Based on employee's age the last day of month

<30 ...	\$0.03
<35 ...	\$0.05
<40 ...	\$0.08
<45 ...	\$0.10
<50 ...	\$0.15
<55 ...	\$0.23
<60 ...	\$0.43
<65 ...	\$0.66
65+ ...	\$0.98

LONG-TERM CARE INSURANCE

Provided by UNUM Life Insurance Company
1-800-227-4165 • www.unum.com/enroll/stateofmontana



Options

Choices

Care Type
Plan 1
Plan 2
Plan 3

- Facility (Nursing Home or Assisted Living)
- Facility + Professional Home Care (Provided by a licensed home health organization)
- Facility + Professional Home Care + Total Home Care (Care provided by anyone, including family members)

Monthly Benefit

Nursing Home
Assisted Living
Home Care

- \$1,000 - \$6,000
- 60% of the selected nursing home amount
- 50% of the selected nursing home amount

Duration

3 year
6 year
Unlimited

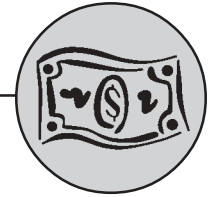
- 3 years Nursing Home
- 6 years Nursing Home
- Unlimited Nursing Home
- or 5 years Assisted Living
- or 10 years Assisted Living
- or Unlimited Assisted Living
- or 6 years Home Care
- or 12 years Home Care
- or Unlimited Home Care

Inflation Protection

Yes
No

- 5% compounded annually
- No protection

BENEFIT YEAR 2003



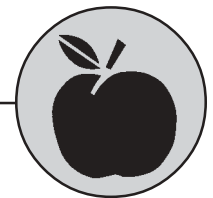
PREMIUM PAYMENT PLAN

Administered by the State of Montana Employee Benefits Bureau
1-800-287-8266 or 444-7462 in Helena
• www.discoveringmontana.com/doa/spd/css/benefits/premiumpaymentplan.asp

Benefit of Participation	Eligible Premiums
Pre-tax Eligible	• Health, dental, accidental death & dismemberment coverage, and up to \$50,000 in employee term life

**IRS regulations do not permit refunds of premiums paid pre-tax. Be sure to notify the Employee Benefits Bureau of any changes as soon as possible to avoid losing premiums.*

WELLNESS PROGRAMS

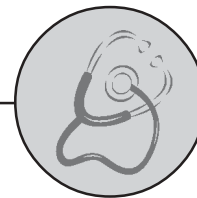


Provided by the Employee Benefits Bureau
1-800-287-8266 or 444-7462 in Helena
• www.discoveringmontana.com/doa/spd/css/benefits/healthbenefits.asp

2003 Programs	Cost	Benefits
Health Screenings	Free biannually to subscriber	• Confidential screenings for glucose, cholesterol, HDL, LDL, and triglycerides • Blood pressure and body mass index • Optional PSA referral and osteoporosis screenings • Information on risk reduction through life-style modifications
Flu Vaccinations	Nominal charge	• Conveniently available at employee work sites
Spring Fitness Move to Improve Food & Fitness	\$5/member	• Team program designed to get people <i>active</i> • Team program for active folks who want to boost their <i>nutrition</i>
Weight Watchers	*Half-off fee biannually	• Helps pay for qualifying employees to join Weight Watchers and get fit
Smoking Cessation	*Half-off fee biannually	• Helps smokers quit through a step-by-step program, group support, health care provider presentations, and help from former smokers
Lunch & Learn	Free	• This educational brown-bag series offers healthy-living talks by local experts
Health Club Discounts	Free	• Most clubs are now offering a discount for State of Montana employees

**Weight Watchers and Smoking Cessation programs are available to qualifying members only. Half-off fee is described in detail on page 29. For more information, visit the Wellness Program's web site, or call the Employee Benefits Bureau.*

MEDICAL INSURANCE PLANS



Administered by:

Blue Cross/Blue Shield of Montana • 1-800-423-0805 or 444-8315 • www.bluecrossmontana.com

New West Health Plan • 1-800-290-3657 or 457-2202 • www.newwesthealth.com

Peak Health • 1-866-368-7325 • www.healthinonetmt.com

WHO IS ELIGIBLE?

Employees, Legislators, retirees, and COBRA members of the State Benefit Plan are eligible for the Medical Insurance Plan. Enrollment is only allowed during these circumstances:

- within a new employee's initial 31-day enrollment period;
- within 63 days of becoming a dependent (through marriage, birth, adoption, pre-adoption, or court-ordered custody/legal guardianship);

- within 63 days of losing eligibility (not cancellation) for other group coverage;

- within 63 days of losing an employer's contribution toward other group coverage, sustaining a major increase in out-of-pocket costs, or losing benefits.

Notify your Agency Insurance Personnel when one of the above circumstances occurs (within the specified time-frames) to enroll dependents.



CLICK ON IT!
Learn more about your insurance administrator's customer service by visiting their web site at:

www.bluecrossmontana.com

www.newwesthealth.com

www.healthinonetmt.com

INSTRUCTIONS

1. Read about each plan in the General Information section on this page.

2. Review and compare each plans' costs and services in the Benefits Summary, starting on page 6.

3. Review your typical health care needs and look at the Cost Comparisons on page 17.

4. If you are considering a managed care plan, review the Managed Care Areas section on pages 32 and 33, and the provider directories beginning on page 35.

5. Determine which plan will work best for your family. Make your selection by completing Parts 1 & 4 of the Enrollment/Change form.

Employee Group
Benefits Enrollment/
Change Form
Parts 1 & 4



GENERAL INFORMATION

The State of Montana offers two indemnity insurance plans and three managed care plans to choose from:

- **Traditional Plan**
- **Basic Plan**
- **Blue Choice**
- **New West Health Plan**
- **Peak Health Plan**

INDEMNITY PLANS

The Traditional and Basic indemnity plans are administered by Blue Cross and Blue Shield of Montana (BCBS), which processes claims and payments, provides customer service, and provides notice to members in the form of an Explanation of Benefits (EOB). BCBS also contracts with health care providers to offer plan members a provider network – providers who have agreed to accept certain plan allowances.

How They Work

Plan members obtain medical services from a covered health care provider. If the provider is a BCBS provider, he or she will submit a claim for the plan member. BCBS will then process the claim and send an EOB to the plan member, indicating their payment responsibilities (deductible and/or coinsurance costs) to the provider. The

Plan then pays the remaining allowable charges, which the provider accepts as full payment. **Please verify a provider is currently participating by calling BCBS.**

If the provider is not a BCBS provider, you may be required to pay the entire fee and file a claim for reimbursement. There may be unallowed charges which you will have to pay, referred to as balance billing.

Preferred Hospital Services

Plan members may obtain covered medical services from any covered hospital. However, certain hospitals offer services for members on the Traditional or Basic plans that are subject to lower coinsurance rates. Please refer to the Participating Hospitals section on page 34 for a list of these hospitals. For your protection, it is strongly recommended to pre-certify all inpatient hospital services by calling your plan's customer service phone number, listed at the top of this page.

Out-of-State Services

The Blue Card Program lets plan members tap into BCBS plan networks in other states. If the out-of-state BCBS plan includes "hold harmless" provisions, the member will not be responsible for balances above the allowable amount.

MANAGED CARE PLANS

Blue Choice, New West, and Peak Health are managed care plans offered through the Montana Association of Health Care Purchasers, a purchasing pool of which the State is a member. The plans generally provide the same package of benefits, but there are differences in costs and requirements for receiving services.

How They Work

The benefits of managed care plans depend on the health care provider the member uses. When a network provider is used, the in-network benefits apply. When an out-of-network provider is used, out-of-network benefits apply (unless a required referral is obtained).

In-Network Benefits

When joining a managed care plan, members choose a Primary Care Physician (PCP) who is a member of the plan's network providers. The PCP oversees the member's care and generally gives referrals for any specialty care that is needed. While a PCP referral is not required for the plan member to see an in-network specialist, referrals are required from a plan physician to see an out-of-network specialist and still receive the plans' in-network benefits.

Out-of-Network Benefits

When plan members obtain services from providers who are not part of the plan's network, with no required referral, costs will be more because a separate and higher deductible, a higher coinsurance rate, and a separate out-of-pocket maximum apply.

Out-of-State Services

Plan members may receive standard benefits for medical services in other states for a medical emergency if they obtain a required referral, or if their plan accesses an out-of-state network. Please contact your plan administrator for specific provider network information.

SERVICE AREAS

The Traditional Plan and Basic Plan are both available to members living anywhere in Montana or throughout the world.

These plans include services of any covered providers. However, providers who are not BCBS member providers may charge more for a service than the plan allows, leaving you responsible for paying the difference.

The Standard Managed Care plans – Blue Choice, New West Health Plan, and Peak Health Plan – are

available to members living in certain areas in Montana. Please see pages 32 & 33 for a complete listing of covered zip codes for each plan.

Blue Choice

This plan is available in most of Western Montana (except Bozeman) and many other towns including Billings, Great Falls, Havre, and Miles City.

New West Health Plan

This plan is available in most of Western Montana (except Bozeman) and many other towns including Billings, Great Falls, Havre, and Miles City.

Peak Health Plan

This plan is available to members in Billings, Butte, Deer Lodge, Miles City, and the surrounding communities.

IMPORTANT!
BCBS providers for the Traditional and Basic plans are different than the BCBS providers for the Blue Choice plan. A provider may be a member provider on one or both plans.

MEDICAL INSURANCE COST COMPARISONS

The following medical insurance cost comparisons show how each plan would process the same service, and what costs the plan member would be responsible for paying. The example is **cumulative** with respect to deductibles and coinsurance. The first line of each example shows the total costs to the member. The next three lines show how that cost is divided between copays, costs applied to the deductible, and coinsurance costs. It does not include premium costs, which are outlined on page 6. These examples assume the services were for one member. This is simply an example for ease of plan comparison and is not a guarantee that similar services will process identically.

EMPLOYEES, LEGISLATORS, & COBRA		TRADITIONAL		BASIC	MANAGED CARE PLANS	
Sample Services	Allowable Charge				In-Network	Out-of-Network
Office visits 1, 2, & 3 (\$50 each)	\$150	You pay ➔	\$76	\$45	\$45	\$150
Copay costs				\$45 (\$15/each)	\$45 (\$15/each)	
Costs applied to deductible			\$50*			\$150
Coinsurance costs			\$26			
Lab charges with office visit 1	\$75	You pay ➔	\$75	\$75	\$75	\$75
Copay costs						
Costs applied to deductible			\$75	\$75	\$75	\$75
Coinsurance costs						
Specialist visit (i.e. dermatologist)	\$200	You pay ➔	\$200	\$200	\$15	\$200
Copay costs					\$15	
Costs applied to deductible			\$200	\$200		\$200
Coinsurance costs						
Preferred hospital inpatient	\$8,500	You pay ➔	\$1,290	\$2,524	\$2,225	\$2,075
Copay costs						
Costs applied to deductible			\$110	\$1,030	\$225	\$75
Coinsurance costs			\$1,180	\$1,494	\$2,000	\$2,000
Nonpreferred hospital inpatient	\$8,500	You pay ➔	\$2,175	\$3,645	\$2,225	\$2,075
Copay costs						
Costs applied to deductible			\$110	\$1,030	\$225	\$75
Coinsurance costs			\$2,065	\$2,615	\$2,000	\$2,000

*First two office visits are exempt from the deductible.

PRESCRIPTION DRUG PLAN

Administered by Eckerd Health Services (EHS) • 1-800-347-5329 • www.ehs.com



WHO IS ELIGIBLE?

The Prescription Drug Plan is an add-on benefit for state employees. Any member enrolled in a medical insurance plan will automatically receive this plan, however, there is a one year waiting period

for those employees new to State employment in 2003 unless a certificate reflecting previous prescription coverage is provided. There is no separate premium for this plan.

INSTRUCTIONS

No separate enrollment is required.

GENERAL INFORMATION

PRESCRIPTION OPTIONS

Prescription drugs may be obtained through the plan at either a local pharmacy or a mail-order pharmacy.

Local Pharmacies

You may obtain up to a 30-day supply of all covered prescriptions from a local pharmacy. **Local pharmacy prescriptions are subject to \$100.00 per person deductible beginning 07/01/03. Deductible does not apply to multiple sclerosis and compound drugs.** If you

use a pharmacy in the EHS Preferred Network, you only pay the plan copay and any coinsurance. You will have no unallowed charges.

A list of network pharmacies is provided, beginning on page 30.

Mail-Order Pharmacies

You may obtain up to a 90-day supply of all covered prescriptions from Express Pharmacy Services or Ridgeway Pharmacy,

through EHS's mail-order service. Please see page 30 for a list of mail-order pharmacies.

PRESCRIPTION COSTS

Refer to the Annual Benefit Plan Summary on page 12 for information on prescription drug costs.

PRIOR AUTHORIZATIONS

For information on drug prior authorizations, vacation overrides, or any other questions, call EHS.

OPTIONAL WELL VISION PLAN

Administered by Vision Service Plan (VSP) • 1-800-877-7195 • www.vsp.com

WHO IS ELIGIBLE?

Employees, Retirees, spouses, and children are eligible if you elect to have this coverage.

INSTRUCTIONS

Review the premiums found on page 13 and complete the Enrollment/Change Form. **If you choose this enrollment, it is a two year commitment. (2003 through 2004)**



Complete the Enrollment/Change Form - Parts 1 & 4



GENERAL INFORMATION

Using Your VSP Benefit

To access your benefits, you simply make an appointment with a VSP doctor, tell the doctor you are a VSP member when you set the appointment, and provide the doctor with the covered member's identification number. VSP and the doctor will handle the rest by verifying your benefits and eligibility for services.

Locating your VSP Doctor

There are two convenient ways to locate a VSP doctor near your home or office or to verify that your doctor is a VSP doctor. You can check the Web Site at www.vsp.com or call member services at 800-877-7195.

Value Added Discounts

Laser Vision Care - VSP has contracted with many of the nation's finest laser surgery facilities and doctors, offering you a discount off PRK & LASIK surgeries, available through contracted laser centers. Visit VSP's Web Site to learn more.

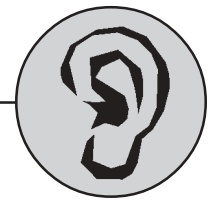
Contact Lenses - VSP offers valuable savings on annual supplies of certain brands of contacts. You can receive these VSP member preferred prices, even if you use your coverage for glasses. Visit the Web Site or ask your doctor for details.

Prescription Glasses - Receive 20 percent savings when you purchase non-covered pairs of prescription glasses, including prescription sunglasses from the same VSP doctor within 12 months of your last exam.

Out-Of-Network Providers

Although more than 90 percent of VSP members receive care from VSP doctors, you have the option of seeing an out-of-network provider. If you see an out-of-network provider, be aware your out-of-network benefits do not guarantee full payment. For out-of-network reimbursement, pay the entire bill when you receive services, then send your itemized receipt to VSP within six months from your date of service. Included with your receipt should be the covered member's name, phone number, address, member ID, the name of the group, the patient's name, date of birth, phone number and address, and the patient's relationship to the covered member. Send to: VSP, PO box 997105, Sacramento, CA 95899-7105.

EMPLOYEE ASSISTANCE PROGRAM



Administered by APS Healthcare • 1-800-635-5271 or 444-8550 • www.apshealthcare.com

WHO IS ELIGIBLE?

The Employee Assistance Plan is an add-on benefit for all state employees enrolled in a medical insurance plan. There is no separate premium for this plan, and it includes all dependents living in your household.

INSTRUCTIONS

No separate enrollment is required.

GENERAL INFORMATION

SHORT-TERM BENEFITS

You or your dependents are entitled to four free visits per issue each year with a counselor who holds a Master's Degree or higher. All visits are completely confidential. APS counselors advise plan members in areas such as money management, grief, coping with stress, family difficulties, and work-related issues. If you are in a crisis situation or just want to talk to someone quickly and confidentially, call APS anytime.

APS also offers free legal consultations and referrals, free financial consultations, case management, maternity management, hospitalization notification, supervisor and work unit training. To access any of those services, call APS. To learn more about these benefits, check out the web site at [www. discoveringmontana.com/doa/spd/css/benefits/eap.asp](http://www.discoveringmontana.com/doa/spd/css/benefits/eap.asp)

HELP IS HERE!

For crisis counseling, or to make an appointment, call APS at
1-800-635-5271
(24 hours a day, 7 days a week)
Helena residents may call
444-8550
(weekdays, 8 a.m. to 5 p.m.)

MANAGED CARE MEMBERS

Managed care members do not need a referral to use APS for short-term counseling needs. Please contact your plan administrator to determine referral requirements prior to receiving long-term benefits.

LONG-TERM BENEFITS

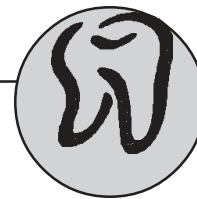
If a plan member involved in short-term counseling needs a higher level of care or long-term counseling, APS will initiate a referral for the appropriate care. See your medical plan for coverage of longer-term services such as psychiatric care, chemical dependency, and longer-term counseling.

Plan members will receive a better benefit for outpatient visits when they first obtain an APS referral.

By utilizing these services provided by APS provided at no direct cost to the member, the plan also experiences cost savings, which are ultimately passed on to all of the plan participants.

DENTAL PLAN

Administered by Blue Cross/Blue Shield of Montana
1-800-423-0805 or 444-8315 • www.bluecrossmontana.com



WHO IS ELIGIBLE?

Employees are required to elect dental insurance. You may also choose which dependents may receive coverage within 31 days of your date of hire or within 63 days of a qualifying event such as a marriage, birth, or adoption. Adding a dependent to the plan requires the submission and approval of an application, except for children under 3 years of age. Applicants will be required to have outstanding dental problems identified during the application exam and corrected before joining the plan.

INSTRUCTIONS

1. Read about the Dental Plan in the General Information section on this page and the Benefits Summary on page 13.
2. Review the costs and coverage of the plan, and decide if dependent dental coverage is right for your household.
3. Mark which dependents you choose to cover by completing Parts 1 & 4 of the Enrollment/Change Form.

Enrollment/Change
Form
Parts I & 4: Dental



GENERAL INFORMATION

Dental plan benefits are paid differently depending on the type of service received. **There is a \$50.00 deductible per person beginning 07/01/03, excluding Type A preventative services. Each member and dependent has a maximum yearly benefit of \$1,000 for all dental services incurred in 2003 and subsequent plan years.** If you use a BC participating dentist, you will not be responsible for costs beyond the allowable charges for covered services.

TYPE A SERVICES

The Dental Plan pays 100 percent of the allowable charges (within the yearly maximum) for Type A Services and are NOT subject to deductible:

1. Diagnostic – Dental X-rays required in connection with the diagnosis of a specified condition requiring treatment. Dental X-rays are limited to one full mouth X-ray or series in any 36-month period and one set of supplementary bitewing X-rays in any 180-day period.
2. Preventive – Oral examination, including prophylaxis (cleaning) and topical application of fluoride for dependent children under 19 years of age, but *not more than one examination and/or application in any 180-day period.*

3. Unscheduled minor emergency treatment to relieve pain.

TYPE B SERVICES

The Dental Plan pays 80 percent of the allowable charges (after deductible and within the yearly maximum) for Type B Services:

1. Passive space maintainers
2. Extractions
3. Fillings
4. Mucogingivoplastic surgery
5. Endodontics
6. Periodontics

7. Oral surgery

TYPE C SERVICES

The Dental Plan pays 50 percent of the allowable charges (after deductible and within the yearly maximum) for Type C Services:

1. Crowns, bridge abutments (bridge retainers crowns), inlays, onlays, pontics and gold and porcelain fillings. Replacement of crowns is limited to once every five years.
2. Bridges.
3. Repair and rebasing of existing dentures.
4. Initial and replacement dentures, limited to no more than one set of replacement dentures in any 5-year period.
5. Up to \$10,000 for endentulous Dental Implants per lifetime. (Prior authorization is required and is subject to yearly maximum).

6. Dental sealants, limited to covered dependents under age (16) applied to molars once per tooth per lifetime. Repair and resealing are not covered.

Type C Limitations

Type C Services (except replacement dentures) are payable after 12 months of continuous coverage under the Plan. Replacement dentures are payable after 36 months of continuous coverage (waiting periods may be eliminated or reduced by a Previous Coverage Credit).



FLEXIBLE SPENDING ACCOUNTS

Administered by ASI • 1-800-659-3035 • FAX 1-573-874-0425 • www.asiflex.com



WHO IS ELIGIBLE?

Active employees eligible for State benefits are eligible for the Flexible Spending Account (FSA) Program.

After your initial enrollment (within 31 days of hire), there are limited opportunities to change your election during the plan year. Contributions can only be changed if you experience a family status change such as:

- marriage;
- divorce;
- birth of a baby;
- adoption of a baby;
- death of spouse/dependent child, or;
- a change in employment status which warrants the change.

The change must be “on account of” and “consistent with” the change in family status. For example, new dependents warrant increasing a medical FSA,

not decreasing it. The change must be made within 63 days of the qualifying event.

INSTRUCTIONS

1. Read about FSAs in the General Information section on this page.
2. Assess whether a medical or dependent care FSA would benefit you by reviewing the criteria on page 22.
3. Use the “Electing a Medical FSA Amount” work sheet on page 23 to calculate your household’s predictable out-of-pocket medical, dental, and vision expenses for 2003.
4. Use the “How Much Money Should Go Into My Dependent Care FSA?” work sheet on page 23 to calculate your household’s predictable day care expenses for children and/or dependent parents.

IMPORTANT!
You must re-enroll each year to participate in a Flexible Spending Account. Enrollment is **not** automatic!

5. If needed, consult your tax preparer about your specific tax situation.

6. Make your selection by completing the Flexible Spending Accounts Enrollment/Change and Salary Reduction Agreement Form.

Flexible Spending Account Enrollment/Change and Salary Reduction Form



GENERAL INFORMATION

HOW FSAS WORK

Flexible Spending Accounts (FSAs) work very much like tax-favored savings accounts. You can enroll in a Medical FSA to pay for family medical expenses not covered by insurance, and a dependent care FSA to pay for day care expenses.

You decide how much money you want to deposit in the FSA for the benefit year. That amount is then divided by 12 to determine the monthly election amount. Your selected amount is removed from your paychecks in 24 installments, first

from any unused state contribution, and then from gross pay (before taxes) and deposited into your FSA. As you incur eligible expenses, you turn in a simple claim and receive payment. There is a monthly \$2.16 administration fee for one or both FSAs (\$25.92 per year).

WHAT'S THE CATCH?
Set aside only as much as you think you will need – IRS regulations require any unused contributions to be forfeited.

After you have incurred a qualifying expense, you will file a claim with ASI, who will then reimburse you for the claimed amount. ASI processes claims daily, no later than the first business day after they receive your claim. An expense is considered incurred when the services are provided or the products are ordered. Expenses must be incurred during the plan year. This may or may not be the same time that you are billed or pay for the services or products.

Use It or Lose It!

Any money not used for qualified expenses incurred during the plan year is forfeited. This is known as the “use it or lose it” provision of Section 125 of the IRS code. Therefore, be conservative and accurate when estimating expenses for the plan year.

The Medical and Dependent Care FSAs are separate accounts. If you enroll in both, you may not use funds deposited in the Medical FSA for dependent care expenses, or vice-versa.

Getting Reimbursed

To be reimbursed for qualified expenses, submit a claim form and expense receipt (i.e. Explanation Of Benefits or day care provider receipt) to ASI either by fax or mail at the address listed on the claim form. ASI will send reimbursement within 24 hours of receiving your expense claim. ASI mails claim forms when you sign up for an FSA; the forms are also available on ASI's web site.

TAX ISSUES

Since you receive pre-tax treatment on the money you place in an FSA, you cannot claim the items reimbursed to you through an FSA on your tax return. Health care expenses paid through an FSA are 100 percent tax exempt. On your tax return, non-FSA medical expenses are only deductible if they exceed 7.5 percent of your adjusted gross income. For most families, a Medical FSA provides more tax benefit. Please consult your tax advisor for more information.

Because day care expenses are typically much greater than predictable out-of-pocket medical expenses, Dependent Care FSAs typically generate the greatest tax savings.

Dependent FSA or Child Care Credit?

Generally, families with an adjusted gross income of \$28,000 or more will save more money with the flexible spending plan. However, you should check with your tax advisor concerning your circumstances. You cannot use the child care credit for any amounts reimbursed through the plan.

WILL A MEDICAL FSA ACCOUNT HELP YOU?

Medical FSAs may be used to reimburse out-of-pocket medical expenses (expenses not paid by insurance) which are allowed as medical deductions by the IRS on your federal tax return. The full amount you elect for the plan year is available after the first contribution is deposited, even though the full amount is not yet collected.

If you answer "yes" to any of the following questions, and you pay income taxes, a Medical FSA can save you money.

☐ Is anyone in your family planning on getting a hearing aid, contact lenses or glasses, or laser eye surgery?

☐ Do you expect to pay deductibles, coinsurance, or copayments under your medical and prescription drug insurance plans?

☐ Is anyone in your family planning on noncosmetic orthodontia treatment during the next year?

☐ Are you or another family member due for a crown or bridge work which requires a 50 percent copay?

Qualifying Health Care Expenses


For a complete list of qualifying health care expenses, refer to IRS Publication 502. Some examples include:

- Eye exams, contact lenses, contact lens solution, glasses, LASIK surgery
- Dental exams, cleanings, fillings, crowns, braces

- Chiropractic care
- Prescription drugs and insulin
- Hearing aids and exams
- Routine doctor visits
- Copays and deductibles

☐ A dependent child must be younger than 13 and dependent upon you for at least 50 percent of his/her financial support. Care may be provided either inside or outside your home, but may not be provided by anyone considered your dependent for income tax purposes, such as an older child.

☐ A dependent adult must be physically or mentally incapable of caring for himself or herself and must be dependent upon you for at least 50 percent of his or her financial support. Care may be provided either inside or outside your home. However, expenses outside your home are eligible only if the dependent regularly spends at least eight hours each day in your household.



CLICK ON IT!
ASI's web site offers a wealth of resources for FSA participants:

- Find out how to file a paper claim, or print out a claim form.
- Look up the IRS guidelines of allowed services, including information regarding orthodontia, prescription eye wear, and contact lens solution claims.
- Print a form to sign up for direct deposit to your bank account, and get a personal e-mail notice of each deposit.
- Find out the status of your account using a personal identification number (PIN), which is printed on your ASI confirmation statement.

www.asiflex.com

Ineligible Health Care Expenses

- Insurance premiums
- Warranties
- Service agreements
- Cosmetic procedures or products
- Health club dues
- Nonprescription drugs
- Vitamins and herbs

DO YOU QUALIFY FOR A DEPENDENT CARE FSA?

The costs of child care and the care of dependent adults unable to care for themselves are very predictable. That predictability helps you determine how much money to put into a Dependent Care FSA. Under governing IRS statutes, the child care necessary for you and your spouse (if married) to work or attend school full time could be reimbursed from a Dependent Care FSA under the following circumstances:

☐ The amount to be reimbursed must not be greater than your or your spouse's annual earnings, whichever is lower.

Unlike the Medical FSA, Dependent FSA claims are reimbursed only after contributions have been deposited in the account.

Qualifying Day Care Expenses

For a complete list of qualifying day care expenses, refer to IRS Publication 503. Some examples include:

- Day care centers (must comply with state and local laws)
- Baby-sitters
- Preschool (before Kindergarten)
- General-purpose day camps

Ineligible Day Care Expenses

- Food or transportation
- Activity fees
- Education expenses (Kindergarten or higher)
- Overnight camps (including daytime portion)
- Private school tuition (Kindergarten or higher)

MEDICAL FSA WORK SHEETS

ELECTING A MEDICAL FSA AMOUNT

This work sheet will help you decide an appropriate annual election for a Medical FSA. It can also be used to estimate the tax savings you will receive by using a Flexible Spending Account. Estimate your total annual health care expenses for the 2003 plan year (January 1 - December 31) based on expenses to date and any additional expenses expected before December 31. For this information, refer to medical bills, financial and bank records, and this year's Explanation of Benefits statements (EOBs).

	2002	Estimated 2003
Insured Expenses		
Insurance deductibles	\$ _____	\$ _____
Insurance copayments	\$ _____	\$ _____
Dental copayments	\$ _____	\$ _____
Expenses beyond benefit limitations/coinsurance	\$ _____	\$ _____

Uninsured Expenses

Immunizations, vaccinations	\$ _____	\$ _____
Birth control expenses	\$ _____	\$ _____
Routine exams and physicals not covered by insurance	\$ _____	\$ _____
Noncosmetic orthodontic expenses	\$ _____	\$ _____
Vision exams	\$ _____	\$ _____
Eyeglasses & contacts	\$ _____	\$ _____
Hearing exams	\$ _____	\$ _____
Other _____	\$ _____	\$ _____
Other _____	\$ _____	\$ _____

Total projected out-of-pocket expenses for 2003 \$ _____

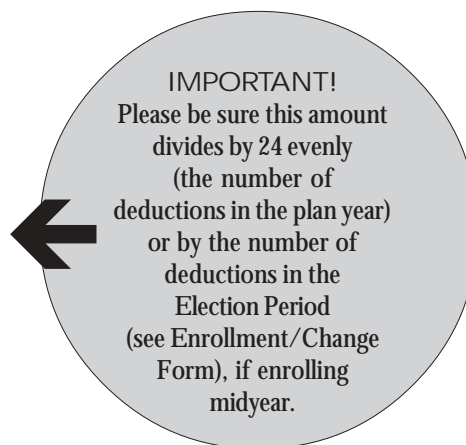
**Total out-of-pocket expenses you are sure of
and want to pay through a Medical FSA** \$ _____

HOW MUCH MONEY SHOULD GO INTO MY DEPENDENT CARE FSA?

Use this work sheet to determine an appropriate Dependent Care FSA election.

	Estimated 2003
Monthly Care Expenses	
Infant/toddler	\$ _____
Preschool	\$ _____
Before and after school care	\$ _____
School vacations/holidays	\$ _____
Other dependent care	\$ _____
Total Monthly Expenses	\$ _____
	x 12

Total Annual Estimated Care Expenses=_____



LIFE INSURANCE PLAN

Administered by Standard Insurance Company
For information, call the Employee Benefits Bureau • 1-800-287-8266 or 444-7462



WHO IS ELIGIBLE?

The Basic Life Insurance Plan is a core benefit for all active employees. Optional life insurance and Accidental Death & Dismemberment (AD&D) is available for employees, spouses, and dependents.

INSTRUCTIONS

1. Read about the various plans in the General Information section on this page.
2. Evaluate your family's need for term life insurance and AD&D.
3. Review each plan's costs in the Annual Benefit Plan Summary on page 14.
4. Make your selection by completing the Life Insurance Enrollment/Change Form.

Life Insurance
Enrollment/Change
Form



GENERAL INFORMATION

LIFE AND AD&D INSURANCE PLANS

Life Insurance is a type of insurance which provides a sum of money if the person who is insured dies while the policy is in effect.

Accidental Death & Dismemberment (AD&D) provides a sum of money if the insured dies or suffers a dismemberment as the result of an accident.

CHOOSE FROM FIVE PLANS

The State of Montana offers five plans of coverage. The life insurance plans offered are term life plans, meaning they provide inexpensive protection but do not accrue any cash value.

A member is eligible to carry all life plans until termination or retirement. At termination, no life plans may be continued through COBRA. At retirement, only Plan A – Basic Life can be continued until age 65 or Medicare eligible. It's usually best to choose other life insurance if you want post-employment protection. However, conversion to a higher-cost individual plan is available if requested at the time life coverage terminates.

Plan A – Basic Life

This plan provides \$14,000 of term-life coverage. It is a core benefit for all active state employees.

Plan B – Dependent Life

This plan is only available during your initial 31-day enrollment period, or within

the first 63 days of acquiring a spouse or your first child. Plan B offers \$2,000 of coverage for spouses and \$1,000 of coverage for each dependent child.

Plan C – Optional Employee Life

This plan offers an insurance minimum of your annual salary rounded to the next highest \$5,000. This amount is available without carrier approval if you enroll during your initial 31-day enrollment period. Plan C coverage is automatically adjusted in \$5,000 increments as the employee's salary increases.

Additional amounts are available in \$5,000 increments, up to \$200,000. These additional amounts require evidence of insurability to be submitted and approved.

Plan D – Optional Spouse Life

This plan offers insurance on your spouse's life and requires evidence of insurability to be submitted and approved. The employee must be enrolled in Plan C for their spouse to be eligible for Plan D. Coverage is available for a minimum of \$5,000. Additional amounts are available in \$5,000 increments, up to the amount of your coverage available under Plan C.

Plan E – Optional Accidental Death & Dismemberment

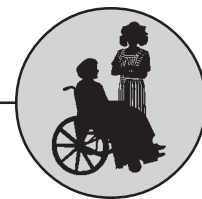
This plan is available without evidence of insurability.

Employee Only: Coverage is available between a minimum of \$25,000 and a maximum of \$200,000, in \$25,000-increments. The coverage may not exceed 10 times your annual salary.

Employee and Dependents: The employee receives the same coverage as described above. A spouse with no children is eligible for 50 percent of the employee coverage. A spouse with children is eligible for 40 percent of the employee coverage. Children are eligible for 10 percent of the employee coverage.

IMPORTANT!
Rates increase by five-year increments, so costs automatically increase when the employee moves into the next five-year age bracket.

LONG-TERM CARE INSURANCE PLAN



Provided by UNUM Life Insurance Company
1-800-227-4165 • www.unum.com/enroll/stateofmontana

WHO IS ELIGIBLE?

Employees, spouses, parents, and parents-in-law are eligible for the Long-Term Care Insurance Plan. This plan may be elected, changed, or dropped at anytime.

INSTRUCTIONS

1. Read about the plan in the General Information section on this page.
2. Determine you and your family's long-term care needs, and whether this plan will meet those needs.
3. Review the plan's rates in the Long-Term Care Insurance Plan Rates section on pages 26 and 27.
4. If you would like to sign-up for the plan, you may request an enrollment kit by calling the Employee Benefits Bureau at 1-800-287-8266 or 444-7462 in Helena.

GENERAL INFORMATION

LONG-TERM CARE OPTIONS

The Long-Term Care Insurance Plan offers a variety of options, all of which affect the monthly premium. These options are:

- Care types
- Monthly benefit amounts
- Care durations
- Inflation protections

Types of Care

Plan 1: Facility (Nursing Home or Assisted Living)

Plan 2: Facility plus Professional Home Care (provided by a licensed home health organization)

Plan 3: Facility plus Professional Home Care plus Total Home Care (provided by anyone, including family members)

Monthly Benefit Amounts

- Nursing home monthly benefit amounts of \$1,000, \$2,000, \$3,000, \$4,000, \$5,000 or \$6,000 are available.

• Assisted living facility monthly benefit amounts total 60 percent of the selected nursing home amount

- Home care monthly benefit amounts total 50 percent of the selected nursing home amount.

Duration

Three Year: Provides 3 years nursing home care, 5 years assisted living facility care, or 6 years home care.

Six Years: Provides 6 years nursing home care, 10 years assisted living facility care, or 12 years home care.

Unlimited: Provides an unlimited amount of care at a nursing home, assisted living facility, or a home.

Inflation Protection

Yes: An inflation protection of 5 percent will be compounded annually.

No: No inflation protection will be provided.

IMPORTANT CONVERSION NOTICE!

When you are no longer an active employee, you have 31 days to request a conversion form from the Employee Benefit Bureau. This converts you to an individual policy at the same rates.

LONG-TERM CARE INSURANCE RATES

For rates
with Inflation
Protection,
see page 27

Rates shown are for a \$1,000 Monthly Facility Benefit.
You may choose from \$1,000 - \$6,000 in Facility Monthly Benefits.

PLAN 1

Long-Term Care Facility
Non-forfeiture

PLAN 2

Long-Term Care Facility
Non-forfeiture
Professional Home Care

PLAN 3

Long-Term Care Facility
Non-forfeiture
Total Home Care

Benefit Duration		3 YR	6 YR	Unlimited		3 YR	6 YR	Unlimited		3 YR	6 YR	Unlimited
Age 18 - 30		1.70	2.10	2.80		2.60	3.40	4.70		4.00	5.30	7.60
31	•	1.70	2.20	2.80	•	2.60	3.50	4.70	•	4.00	5.50	7.70
32	•	1.70	2.20	2.90	•	2.60	3.60	4.90	•	4.10	5.60	7.90
33	•	1.80	2.30	2.90	•	2.70	3.70	5.00	•	4.20	5.70	8.00
34	•	1.80	2.30	3.00	•	2.80	3.70	5.10	•	4.30	5.80	8.20
35	•	1.90	2.40	3.10	•	2.90	3.90	5.20	•	4.40	6.00	8.50
36	•	1.90	2.60	3.20	•	2.90	4.00	5.40	•	4.50	6.20	8.70
37	•	2.00	2.70	3.30	•	3.10	4.20	5.60	•	4.70	6.40	9.00
38	•	2.10	2.80	3.40	•	3.20	4.30	5.80	•	4.90	6.70	9.30
39	•	2.20	2.90	3.60	•	3.40	4.50	6.00	•	5.10	6.80	9.60
40	•	2.30	3.00	3.80	•	3.50	4.60	6.20	•	5.20	7.10	10.00
41	•	2.40	3.10	4.00	•	3.60	4.80	6.60	•	5.50	7.40	10.40
42	•	2.50	3.30	4.00	•	3.80	5.00	6.70	•	5.70	7.70	10.70
43	•	2.60	3.40	4.30	•	3.90	5.30	7.10	•	5.90	8.00	11.20
44	•	2.70	3.60	4.50	•	4.10	5.50	7.40	•	6.20	8.40	11.80
45	•	2.90	3.80	4.70	•	4.30	5.80	7.70	•	6.50	8.80	12.30
46	•	3.00	4.00	5.00	•	4.50	6.10	8.10	•	6.80	9.30	12.90
47	•	3.30	4.20	5.30	•	4.70	6.30	8.50	•	7.10	9.80	13.60
48	•	3.40	4.50	5.60	•	4.90	6.70	8.80	•	7.50	10.30	14.30
49	•	3.70	4.70	5.90	•	5.20	6.90	9.20	•	7.90	10.80	15.10
50	•	3.90	5.10	6.30	•	5.40	7.30	9.70	•	8.30	11.40	16.00
51	•	4.20	5.40	6.80	•	5.80	7.60	10.20	•	8.90	12.10	16.90
52	•	4.50	5.80	7.20	•	6.10	8.10	10.80	•	9.50	12.90	18.00
53	•	4.80	6.20	7.70	•	6.50	8.50	11.30	•	10.00	13.50	19.00
54	•	5.10	6.60	8.20	•	6.80	9.00	11.90	•	10.50	14.30	20.10
55	•	5.50	7.10	8.70	•	7.30	9.60	12.50	•	11.20	15.30	21.20
56	•	6.00	7.70	9.50	•	7.70	10.20	13.40	•	11.90	16.30	22.80
57	•	6.50	8.40	10.30	•	8.30	10.90	14.20	•	12.80	17.50	24.40
58	•	7.10	9.10	11.20	•	8.90	11.70	15.20	•	13.60	18.70	26.10
59	•	7.80	9.90	12.20	•	9.50	12.60	16.30	•	14.70	20.00	28.00
60	•	8.50	10.80	13.30	•	10.30	13.40	17.40	•	15.70	21.40	30.00
61	•	9.40	12.00	14.70	•	11.20	14.70	19.00	•	17.00	23.40	32.60
62	•	10.50	13.30	16.20	•	12.30	16.00	20.50	•	18.40	25.20	35.20
63	•	11.60	14.70	18.00	•	13.40	17.50	22.50	•	19.90	27.40	38.40
64	•	12.90	16.40	19.90	•	14.80	19.20	24.50	•	21.70	29.90	41.70
65	•	15.00	18.90	22.90	•	16.80	21.80	27.70	•	24.20	33.40	46.60
66	•	16.60	20.90	25.40	•	18.50	24.00	30.40	•	26.10	36.10	50.50
67	•	18.60	23.40	28.30	•	20.60	26.60	33.60	•	28.60	39.50	55.10
68	•	20.70	25.90	31.40	•	22.80	29.40	37.20	•	31.20	43.10	60.10
69	•	23.00	28.80	34.90	•	25.20	32.40	41.00	•	34.10	47.00	65.60
70	•	25.70	32.00	38.70	•	28.00	35.90	45.30	•	37.20	51.40	71.50
71	•	28.40	35.40	42.80	•	30.80	39.50	49.80	•	40.40	55.90	77.70
72	•	31.60	39.40	47.50	•	34.20	43.80	55.00	•	44.20	61.20	84.90
73	•	34.90	43.30	52.10	•	37.60	47.90	60.00	•	48.10	66.50	91.80
74	•	38.80	48.00	57.60	•	41.50	53.00	66.10	•	52.60	72.70	100.00
75	•	46.50	57.40	68.60	•	49.60	63.10	78.70	•	62.20	86.00	118.00
76	•	51.20	63.30	75.90	•	54.50	69.40	86.40	•	67.60	93.60	128.40
77	•	55.90	69.00	82.70	•	59.30	75.40	93.80	•	72.80	100.90	138.30
78	•	61.50	75.80	90.70	•	65.00	82.60	102.60	•	79.20	109.80	150.20
79	•	67.70	83.40	99.60	•	71.40	90.60	112.30	•	86.20	119.50	163.10
80	•	74.60	91.60	109.30	•	78.40	99.30	122.90	•	93.80	130.00	177.10
81	•	81.70	100.10	119.20	•	85.60	108.20	133.60	•	101.40	140.50	190.80
82	•	90.80	111.10	132.00	•	95.00	119.80	147.50	•	111.70	154.60	209.20
83	•	100.50	122.60	145.50	•	104.90	132.10	162.20	•	122.70	169.70	228.90
84	•	109.90	133.80	158.30	•	114.60	143.90	176.10	•	133.20	184.20	247.10

LONG-TERM CARE INSURANCE RATES

Rates shown are for a \$1,000 Monthly Facility Benefit with Inflation Protection.
You may choose from \$1,000 - \$6,000 in Facility Monthly Benefits.

With
Inflation
Protection

PLAN 1

Long-Term Care Facility
Non-forfeiture

PLAN 2

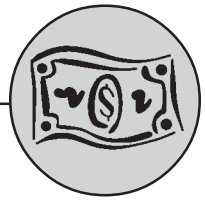
Long-Term Care Facility
Non-forfeiture
Professional Home Care

PLAN 3

Long-Term Care Facility
Non-forfeiture
Total Home Care

Benefit Duration			3 YR			6 YR Unlimited			3 YR			6 YR Unlimited			3 YR			6 YR Unlimited		
Age	18-30		6.00	7.80	10.00				8.20	10.90	14.60				11.50	15.40	21.50			
31	•		6.10	8.10	10.20	•			8.30	11.20	14.90	•			11.70	15.90	22.00			
32	•		6.20	8.20	10.60	•			8.50	11.40	15.40	•			12.00	16.20	22.50			
33	•		6.50	8.60	10.80	•			8.70	11.80	15.70	•			12.20	16.60	23.00			
34	•		6.60	8.70	11.00	•			9.00	12.00	16.00	•			12.50	17.00	23.40			
35	•		6.90	9.00	11.40	•			9.30	12.40	16.40	•			12.90	17.50	24.10			
36	•		7.00	9.20	11.70	•			9.50	12.70	16.90	•			13.20	17.90	24.60			
37	•		7.20	9.60	12.00	•			9.70	13.10	17.40	•			13.50	18.40	25.30			
38	•		7.50	9.90	12.40	•			10.10	13.50	17.80	•			14.00	19.00	26.00			
39	•		7.70	10.00	12.70	•			10.40	13.70	18.20	•			14.30	19.30	26.50			
40	•		7.90	10.40	13.00	•			10.60	14.10	18.70	•			14.60	19.80	27.30			
41	•		8.20	10.60	13.50	•			10.90	14.50	19.30	•			15.10	20.30	28.00			
42	•		8.40	10.90	13.70	•			11.20	14.90	19.60	•			15.40	20.80	28.60			
43	•		8.60	11.30	14.10	•			11.50	15.30	20.20	•			15.90	21.40	29.40			
44	•		9.00	11.70	14.60	•			11.90	15.90	20.80	•			16.40	22.10	30.30			
45	•		9.20	11.90	14.90	•			12.30	16.20	21.30	•			16.80	22.60	31.00			
46	•		9.60	12.50	15.50	•			12.60	16.80	22.00	•			17.30	23.40	32.10			
47	•		9.90	12.80	16.10	•			12.90	17.10	22.50	•			17.90	24.10	33.10			
48	•		10.20	13.20	16.60	•			13.20	17.50	23.10	•			18.40	24.90	34.20			
49	•		10.70	13.80	17.10	•			13.70	18.10	23.60	•			19.10	25.70	35.20			
50	•		11.00	14.20	17.80	•			14.00	18.50	24.30	•			19.60	26.50	36.50			
51	•		11.50	14.80	18.50	•			14.60	19.20	25.10	•			20.50	27.60	38.00			
52	•		12.10	15.50	19.30	•			15.10	19.90	25.90	•			21.30	28.70	39.40			
53	•		12.40	16.00	19.90	•			15.40	20.30	26.60	•			21.90	29.60	40.80			
54	•		12.90	16.70	20.80	•			15.90	21.10	27.40	•			22.60	30.70	42.20			
55	•		13.80	17.70	21.90	•			16.70	21.90	28.30	•			23.50	31.70	43.30			
56	•		14.50	18.60	23.00	•			17.40	22.80	29.40	•			24.50	33.10	45.20			
57	•		15.30	19.60	24.20	•			18.30	23.80	30.80	•			25.80	34.70	47.60			
58	•		16.20	20.80	25.60	•			19.10	25.00	32.10	•			26.90	36.40	49.90			
59	•		17.10	21.90	26.90	•			20.00	26.10	33.60	•			28.20	38.10	52.30			
60	•		18.30	23.10	28.40	•			21.10	27.30	35.00	•			29.60	40.00	54.80			
61	•		19.70	25.20	30.80	•			22.50	29.40	37.50	•			31.50	42.80	58.70			
62	•		21.40	27.10	33.00	•			24.20	31.30	39.70	•			33.50	45.50	62.30			
63	•		22.90	29.10	35.50	•			25.70	33.30	42.30	•			35.50	48.30	66.30			
64	•		25.00	31.60	38.40	•			27.80	35.90	45.20	•			38.00	51.70	70.80			
65	•		28.10	35.50	43.00	•			30.90	39.80	50.00	•			41.70	56.80	77.80			
66	•		30.40	38.30	46.40	•			33.10	42.70	53.70	•			44.20	60.30	82.80			
67	•		33.20	41.80	50.50	•			36.10	46.40	58.20	•			47.60	65.10	89.10			
68	•		35.90	45.20	54.60	•			38.90	50.00	62.70	•			50.80	69.40	95.10			
69	•		39.20	48.90	59.20	•			42.30	54.00	67.80	•			54.60	74.40	102.20			
70	•		42.30	52.90	64.00	•			45.50	58.20	73.10	•			58.20	79.60	109.30			
71	•		46.10	57.50	69.30	•			49.40	63.10	78.90	•			62.40	85.50	117.10			
72	•		50.20	62.70	75.50	•			53.70	68.50	85.60	•			67.20	92.10	125.90			
73	•		54.10	67.10	80.80	•			57.70	73.40	91.40	•			71.80	98.20	134.00			
74	•		59.00	73.00	87.60	•			62.60	79.60	98.80	•			77.20	105.60	143.70			
75	•		69.20	85.60	102.50	•			73.30	93.00	115.30	•			89.70	122.70	166.50			
76	•		75.30	93.00	111.50	•			79.50	100.80	125.00	•			96.40	132.10	179.20			
77	•		80.60	99.40	119.10	•			84.80	107.50	133.30	•			102.00	139.90	189.70			
78	•		87.40	107.70	128.80	•			91.80	116.10	143.70	•			109.50	150.10	203.20			
79	•		94.10	115.80	138.50	•			98.70	124.80	154.20	•			117.00	160.70	217.20			
80	•		102.20	125.60	149.80	•			106.90	135.00	166.50	•			125.80	172.70	233.10			
81	•		110.20	135.10	161.00	•			115.10	145.00	178.50	•			134.40	184.40	248.40			
82	•		120.80	147.70	175.60	•			125.80	158.20	194.40	•			146.00	200.30	269.00			
83	•		131.70	160.70	190.70	•			137.00	172.00	210.70	•			158.40	217.20	290.70			
84	•		141.70	172.70	204.20	•			147.30	184.60	225.30	•			169.40	232.60	309.90			

PREMIUM PAYMENT PLAN



Administered by the State of Montana Employee Benefits Bureau
1-800-287-8266 or 444-7462 in Helena • www.discoveringmontana.com/doa/spd/css/benefits/premiumpaymentplan.asp

WHO IS ELIGIBLE?

All employees enrolled in the State Employee Benefit Plan are eligible to participate in the Premium Payment Plan. Enrollment is automatic, unless an employee elects not to participate in the plan. Employees who enroll in a Flexible Spending Account are required to participate in the Premium Payment Plan.

LOSS OF ELIGIBILITY

If the employee divorces, their spouse and any stepchildren will lose their eligibility.

Dependent children will lose their eligibility if/when the last dependent child turns 25 years old, marries, or gains employment offering similar coverage. Dependents losing eligibility for coverage due to divorce or turning age 25 will lose coverage on the last day of the month in which the event occurs. Dependent children losing eligibility for coverage due to

marriage will become ineligible at the end of the month for which a partial or full premium has been paid. Dependent children losing eligibility will become ineligible on the last day of the pay period in which the event occurs.

INSTRUCTIONS

1. Read about the Premium Payment Plan in the General Information section on this page.
2. Decide if you want to participate in the Premium Payment Plan.
3. If you would like to participate, complete the Premium Payment Plan portion in Part 1 of the New Enrollment/Change Form.



Enrollment/Change Form
Part 1: Premium Payment Plan

GENERAL INFORMATION

The State offers benefits to employees who are eligible through a cafeteria plan as authorized by Section 125 of the Internal Revenue Code. The Premium Payment Plan allows you to pay for your portion of most of your insurance elections on a pre-tax basis, and save money on your taxes. If the state contribution covers your insurance elections entirely, you do not pay premiums out-of-pocket. If so, you do not need to participate in the Premium Payment Plan, unless you have a Flexible Spending Account. Benefit Plan members enrolled in a Flexible Spending Account must participate in the Premium Payment Plan.

ELIGIBLE BENEFITS

Premiums for the State's insurance plans for medical, dental, accidental death & dismemberment (AD&D), and up to \$50,000 in employee term life may be paid pre-tax through the Premium Payment Plan.

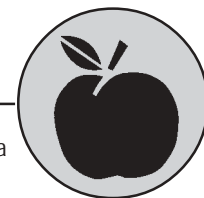
INELIGIBLE BENEFITS

Employee term life insurance coverage over \$50,000, dependent life insurance coverage, supplemental spouse life insurance coverage and Long-Term Care insurance coverage, are defined by IRS code as taxable benefits and are excluded from the Premium Payment Plan.

WHAT'S THE CATCH?

According to a new interpretation of IRS rules, a potential drawback of the Premium Payment Plan is that no refund of overpaid premiums is available. This means you must notify the Employee Benefits Bureau right away if a dependent spouse or child loses eligibility for coverage. If you do not notify the EBB of a loss of eligibility, and more premiums are taken out of your check than you owe, no refund of premiums is available. Also, remember that gross earnings for purposes of determining social security benefits are reduced by pre-tax reductions.

WELLNESS PROGRAMS



Provided by the State of Montana Employee Benefits Bureau • 1-800-287-8266 or 444-7462 in Helena
www.discoveringsmontana.com/doa/spd/css/benefits/Wellness/wellness.asp

WHO IS ELIGIBLE?

All employees enrolled in the State's Medical Insurance Plan are eligible to

participate in most of the Wellness Programs. Some programs offered through the Wellness Program are even available to

subscriber spouses; see program descriptions in the General Information section on this page.

GENERAL INFORMATION

The Wellness Program is designed to assist plan members in maintaining or enhancing their health. The program includes the following options:

HEALTH SCREENINGS

This program offers confidential individual health risk screenings and assessments for:

- glucose, cholesterol, HDL, LDL, and triglycerides;
- blood pressure and body mass index;
- optional PSA referral and osteoporosis screenings.

Lab and health risk assessment results will be available for both the employee and the employee's physician as well as information on risk reduction through life-style modifications.

Fees

The health screening is offered free once every two years to primary subscribers of the indemnity medical plans. For a nominal fee, the screenings may be obtained on an annual basis by indemnity subscribers, or by managed care subscribers and spouses enrolled in any medical plan.

SPRING FITNESS PROGRAMS

These eight-week programs run simultaneously during the spring. Both programs are offered to teams of coworkers, who compete for prizes, provide lots of encouragement, and have fun!

Move to Improve

This program offers a fun team approach to exercise for people of all activity levels and paces.

Food & Fitness

This program is designed for people who already lead an active life, but want to boost their nutrition and challenge their fitness level.

WEIGHT WATCHERS

This program offers partial fee reimbursements for folks who want to slim down and get more active.

Fee Reimbursements

Qualifying participants will be reimbursed for

- half of a 13-week session of the Weight Watchers At Work Program, or
- half of a 14-week session of the Weight Watchers Traditional Program.

Maximum biannual reimbursement will be \$71.17 for the 13-week At Work Program, or \$69.65 for the 14-week Traditional Program.

Weight Qualifications

To qualify for the program, men must be at least 10 percent over the maximum weight for their age (chart available on the Wellness Program web site, or by calling the Employee Benefits Bureau). Women must be 10 percent over the maximum weight for their age, minus 4 pounds. You may also qualify with a recommendation for weight loss from either APS or your Health Screenings results, or with a written prescription from a physician for weight loss due to diabetes, high blood pressure, or high cholesterol.

Participation Qualifications

To receive the partial fee reimbursement, you must attend at least 75 percent of the classes, achieve the 10 percent weight loss goal set in advance by the Weight Watchers instructor, and exercise at least three times a week (documentation required).

For more information on program qualifications and reimbursement instructions, contact the Wellness Program.

SMOKING CESSATION HELP

Employees who want to stop smoking may be partially reimbursed once every two years for participation in a smoking cessation class.

Fee Reimbursement

If you meet the qualifications, you may receive reimbursement once every two years for half the cost of the class, up to a maximum of \$70.

For more information, visit the Wellness Program's web site or call the Employee Benefits Bureau.

Participation Qualifications

- The class must be approved by the American Lung Association.
- You must attend at least 75 percent of the classes.
- Your supervisor must sign a form stating that, to the best of their knowledge, you have quit smoking.

LUNCH & LEARN SERIES

Throughout the year, educational lunch-time talks are offered by local experts at convenient work-site locations. A variety of healthy topics are covered, including nutrition and dieting, sports safety, disease prevention, and local activities. Notification of topics, locations, and times will be sent via email to payroll technicians.

WALKING PATH

Spend your lunch break strolling on this one-mile walking path located on the Capital Complex, or determine your own walking route! Breathing in the fresh air and admiring the beautiful landscaping will help clear your mind, exercise your body, and ease your stress level.

HEALTH CLUB DISCOUNTS

Most local health clubs offer a discount for State of Montana employees. Ask your local health club for more information.

MORE INFORMATION

Visit the Wellness Program web site listed above for more information on these programs and other healthy-living tips.

EHs NETWORK PHARMACIES

*All network information starting on this page through page 43 were current at the time of print, however, they are subject to change.



CITY	PHARMACY
Absarokee	Absarokee Drug Co
Anaconda	Osco Drug #5223 Safeway Pharmacy #256 Thrifty Drug Store
Arlee	Jocko Pharmacy
Baker	Baker Rexall Drug Company Lawler Drug
Belgrade	Albertson's #2009 Pharmacy Lee & Dad's Grocer
Big Sky	Lone Mountain Pharmacy
Big Timber	Cole Drug
Bigfork	Bigfork Drug
Billings	Albertson's #2025 Pharmacy Albertson's #2026 Pharmacy Albertson's #2041 Pharmacy Albertson's #2959 Pharmacy Albertson's #8003 Pharmacy Albertson's #8027 Pharmacy Community Health Center Pharmacy Costco Pharmacy #69 Deaconess Billings Clinic Pharmacy First Pharmacy Gibson Pharmacy #76 Juro's United Drugs #708 K Mart Pharmacy #4303 NCS Healthcare - Montana Osco Drug #5242 Pharmacy 1 Shopko Pharmacy #2106 Snyder Western Drug #5101 Snyder Western Drug #5102 Snyder Western Drug #5105 Snyder Western Drug #5109 Snyder Western Drug #5110 St. John's Pharmacy St. Vincent's Hospital Pharmacy Wal-Mart Pharmacy #10-1956 Wal-Mart Pharmacy #10-2923 Western Drug #10 Westpark Pharmacy Woodrows United Drugs #709
Bozeman	Albertson's #2006 Pharmacy Costco Pharmacy #96 Gibson Pharmacy #79 Highland Park Pharmacy K Mart Pharmacy #7027 Medical Arts Pharmacy MSU Student Health Service Pharmacy Osco Drug #5238 Price Rite Drug Safeway Pharmacy #0289 Smith's Pharmacy #163 Wal-Mart Pharmacy #10-2084 Western Drug #6

CITY	PHARMACY
Broadus	Larry's IGA Pharmacy
Butte	Driscoll Drug K Mart Pharmacy #3749 Osco Drug #5252 Safeway Pharmacy #279 St. James Community Hospital Wal-Mart Pharmacy #10-1901
Chester	Liberty Drug Westhill Pharmacy
Chinook	Chinook United Drugs #743
Choteau	Choteau Drug Inc Teton Drug
Colstrip	Yellowstone Pharmacy
Columbia Falls	Fred Meyer - CF Glacier Drug
Columbus	Matovich IGA Discount Drug Snyder Western Drug #5106
Conrad	Olson's Drug Village Drug
Corvallis	Corvallis Drug Store
Culbertson	Culbertson Pharmacy
Cut Bank	Albertson's #2033 Pharmacy Drug Mart
Deer Lodge	Keystone Drug Safeway Pharmacy #1158
Dillon	Mitchells Drug Safeway Pharmacy #0299
Ekalaka	Dahl Memorial Pharmacy
Ennis	Ennis Pharmacy

EHS NETWORK PHARMACIES

CITY	PHARMACY	CITY	PHARMACY
Eureka	Haines Drug - Eureka	Jordan	Foster Jordan Drug Co
Fairfield	Barrett Drug	Kalispell	Albertson's #8108 Pharmacy Evergreen Pharmacy Fred Meyer - KA K Mart Pharmacy #7030 Medical Arts Pharmacy Montana Pharmaceutical Services Rosauers Pharmacy #15 Shopko Pharmacy #2128 Stoick Drug Sykes Pharmacy Tidymans Pharmacy Wal-Mart Pharmacy #10-2259
Fairview	Mondak Pharmacy	Lakeside	Lakeside Pharmacy
Florence	Florence Community Pharmacy	Laurel	Gene's Pharmacy Prices Pharmacy Snyder Western Drug #5103
Forsyth	Yellowstone Pharmacy	Lewistown	Albertson's #8109 Pharmacy Lewistown Pharmacy Pamida Pharmacy #264 Seiden Drug Co
Fort Benton	Benton United Drugs #739	Libby	Center Drug Libby Drug Rosauers Pharmacy #14
Gardiner	Gardiner Drug	Livingston	Albertson's #2042 Pharmacy Pamida Pharmacy #321 Western Drug #9 of Livingston
Glasgow	Pamida Pharmacy #392 Western Drug of Glasgow	Lolo	Lolo Drug
Glendive	Albertson's #8023 Pharmacy F&G Pharmacy Gabert Clinic Pharmacy White Drug #26	Malta	Daniels Health Mart Valley Drug Company
Great Falls	Albertson's #2035 Pharmacy Albertson's #8111 Pharmacy Anderson Family United Drugs Apothecary Convenience Pharmacy Apothecary Drug Store Clinic United Drugs K Mart Pharmacy #3094 Kindred Pharmacy Services Oscos Drug #5244 Pharmerica Plaza United Drugs #737 Public United Drug Shopko Pharmacy #262 Smith's Pharmacy #166 Snyder Drugs Wal-Mart Pharmacy #2455	Miles City	Albertson's #2039 Pharmacy Big Sky Pharmacy Wal-Mart Pharmacy #10-2608
Hamilton	Albertson's #2040 Pharmacy Bitterroot Drug Hamilton Pharmacy Health Care Plus	Missoula	A & C Drug Albertson's #2010 Pharmacy Albertson's #8020 Pharmacy Albertson's #8113 Pharmacy Broadway Pharmacy Costco Pharmacy #67 East Gate Drug Garden City Pharmacy Hillside Manor Pharmacy K Mart Pharmacy #3072 Oscos Drug #5241 Palmer's Drug Riverside Health Care Pharmacy Rosauers Pharmacy #27 Safeway Pharmacy #0355 Safeway Pharmacy #1573 Savmor Drug Savmor Drug #1 Savmor Drug II
Hardin	Pharmcare Pharmacy Stevenson's IGA		
Harlowton	Two J's Pharmacy		
Havre	Albertson's #2031 Pharmacy K Mart Pharmacy #4814 Owl Prescription Pharmacy Western Drug #1		
Helena	Bergum South United Drugs #725 K Mart Pharmacy #7029 Oscos Drug #5222 Oscos Drug #5224 Reynolds Drug Safeway Pharmacy #0875 Shopko Pharmacy #2112 Smith's Pharmacy #167 Snyders Drug Wal-Mart Pharmacy #10-1872		

EHS NETWORK PHARMACIES: MANAGED CARE AREAS

CITY	PHARMACY	BLUE CHOICE	City	Zip Code
Missoula	Shopko Pharmacy #2075	• City	•	59904
	Tidyman's Pharmacy #5	• Absarokee	•	59909
	UM Health Services Pharmacy	• Alder	• Lakeside	59901
	Wal-Mart Pharmacy #10-3259	• Anaconda	•	59922
	Wal-Mart Pharmacy #2147	•	• Laurel	59044
		•	• Lodge Grass	59050
Plains	Plains Drug	• Arlee	• Lolo	59847
		• Augusta	• Melrose	59743
Plentywood	Johnston Pharmacy	• Bigfork	• Miles City	59301
	Plentywood Drug	• Billings	• Missoula	59801
		•	•	59802
Polson	Healthcare Plus	•	•	59803
	Safeway Pharmacy #3877	•	•	59804
	St. Joseph Hospital Pharmacy	•	•	59806
	Wal-Mart Pharmacy #10-2607	•	•	59807
		•	•	59808
Red Lodge	Beartooth Pharmacy	•	•	59812
	Red Lodge Drug Company	•	•	59822
		• Boulder	• Montana City	59634
Ronan	Family Health Pharmacy	• Box Elder	• Olney	59927
	R & R Health Care Solutions	• Bridger	• Park City	59063
		• Butte	• Plains	59859
		•	• Polson	59860
Roundup	Jorgenson's Drugs	•	• Pryor	59066
	Picchioni's IGA Pharmacy	•	• Red Lodge	59068
		• Canyon Creek	• Ronan	59864
Scobey	Service Drug	• Cascade	• Roundup	59072
		• Chinook	• Ryegate	59074
Seeley Lake	Seeley Lake Pharmacy	• Choteau	• Sheridan	59749
		• Clancy	•	82801
Shelby	Pamida Pharmacy #327	• Columbia Falls	•	59932
	Wells United Drugs #744	• Condon	• Somers	59870
		• Conrad	• Stevensville	59872
Sheridan	Walters United Drugs #0754	• Coram	• Superior	59873
		• Corvallis	• Thompson Falls	59754
Sidney	Community Clinic Pharmacy	• Crow Agency	• Twin Bridges	59875
	White Drug #25	• Darby	• Victor	59719
		• Deer Lodge	• Whitefish	59937
Stevensville	Family Pharmacy	• Dillon	•	59759
	Ridgeway Pharmacy	• East Helena	• Whitehall	59647
	Valley Drug	• Fairfield	• Winston	59648
		• Florence	• Wolf Creek	59088
Superior	Mineral Pharmacy	• Fort Benton	• Worden	
		• Frenchtown	•	
Thompson Falls	Doug's Drug	• Geraldine	•	
		• Great Falls	• NEW WEST	
Troy	Kootenai Drug	•	• City	Zip Code
		•	• Absarokee	59001
Twin Bridges	Mcalear Pharmacy	•	• Acton	59002
		•	• Alberton	59820
West Yellowstone	Yellowstone Apothecary	•	• Angela	59312
		• Hamilton	• Arlee	59821
White Sulpher Spg	Public Drug Co	• Hardin	• Avon	59713
		• Harlowton	• Ballantine	59006
Whitefish	Chalet City Pharmacy	• Havre	• Basin	59631
	Haines Medical Pharmacy	• Helena	• Bearcreek	59007
	Haines Public Drug	•	• Belfry	59008
	Safeway Pharmacy #0106	•	• Big Arm	59910
		•	• Big Sandy	59520
Whitehall	Whitehall Drug	•	• Big Timber	59011
		• Hot Springs	• Billings	59101
		• Huson	•	59102
		• Jefferson City	•	59103
		• Joliet	•	59104
		• Kalispell	•	59105
		•	•	
		•	•	

MANAGED CARE AREAS

City	Zip Code	•	City	Zip Code	•	City	Zip Code	•	City	Zip Code
Billings	59106	•	Greenough	59836	•	Pryor	59066	•	Busby	59016
	59107	•	Greycliff	59033	•	Rapelje	59067	•	Butte	59702
	59108	•	Hall	59837	•	Ravalli	59863	•		59703
	59111	•	Hamilton	59840	•	Red Lodge	59068	•		59707
	59112	•	Hardin	59034	•	Reedpoint	59069	•		59750
	59114	•	Hathaway	59333	•	Roberts	59070	•	Butte	59701
	59115	•	Haugan	59842	•	Rollins	59931	•	Colstrip	59323
	59116	•	Havre	59501	•	Ronan	59864	•	Crow Agency	59022
	59117	•	Helena	59601	•	Roscoe	59071	•	Custer	59024
Bonner	59823	•		59602	•	Rosebud	59347	•	Decker	59025
Boulder	59632	•		59604	•	Roundup	59072	•	Deer Lodge	59722
Box Elder	59521	•		59620	•		59073	•	Divide	59727
Boyd	59013	•		59623	•	Saco	59261	•	Drummond	59832
Bridger	59014	•		59624	•	Saint Ignatius	59865	•	Edgar	59026
Broadview	59015	•		59625	•	Saint Regis	59866	•	Elliston	59728
Brusett	59318	•		59626	•	Saint Xavier	59075	•	Fishtail	59028
Canyon Creek	59633	•	Highwood	59450	•	Saltese	59867	•	Forsyth	59327
Carter	59420	•	Hingham	59528	•	Sanders	59076	•	Fromberg	59029
Charlo	59824	•	Hot Springs	59845	•	Shepherd	59079	•	Garrison	59731
Chinook	59523	•	Huntley	59037	•	Springdale	59082	•	Garryowen	59031
Clancy	59634	•	Huson	59846	•	Stevensville	59870	•	Gold Creek	59733
Clinton	59825	•	Hysham	59038	•	Sula	59871	•	Hall	59837
Clyde Park	59018	•	Jefferson City	59638	•	Superior	59872	•	Hardin	59034
Cohagen	59322	•	Joliet	59041	•	Thompson Falls	59873	•	Harlowton	59036
Colstrip	59323	•	Jordan	59337	•	Victor	59875	•	Hathaway	59333
Columbus	59019	•	Kinsey	59338	•	Whitewater	59544	•	Huntley	59037
Condon	59826	•	Kremlin	59532	•	Winston	59647	•	Hysham	59038
Conner	59827	•	Laurel	59044	•	Wolf Creek	59648	•	Ingomar	59039
Corvallis	59828	•	Lavina	59046	•	Worden	59088	•	Ismay	59336
Crow Agency	59022	•	Livingston	59047	•	Yellowtail	59035	•	Joliet	59041
Cushman	59046	•	Lloyd	59535	•	Zurich	59547	•	Judith Gap	59453
Custer	59024	•	Lodge Grass	59050	•			•	Kinsey	59338
Darby	59829	•	Lolo	59847	•			•	Lame Deer	59043
Dayton	59914	•	Loma	59460	•			•	Laurel	59044
De Borgia	59830	•	Lonepine	59848	•			•	Lavina	59046
Deer Lodge	59722	•	Loring	59537	•			•	Lodge Grass	59050
Dillon	59725	•	Malta	59538	•	City	Zip Code	•	Melrose	59743
Dixon	59831	•	Marysville	59640	•	Absarokee	59001	•	Miles City	59301
Dodson	59524	•	McLeod	59052	•	Acton	59002	•	Molt	59057
Drummond	59832	•	Melville	59055	•	Anaconda	59711	•	Nye	59061
East Helena	59635	•	Miles City	59301	•	Angela	59312	•	Park City	59063
Edgar	59026	•	Milltown	59851	•	Ashland	59003	•	Philipsburg	59858
Elliston	59728	•	Missoula	59801	•	Avon	59713	•	Pompeys Pillar	59064
Elmo	59915	•		59802	•	Ballantine	59006	•	Pryor	59066
Emigrant	59027	•		59803	•	Bearcreek	59007	•	Ramsay	59748
Fishtail	59028	•		59804	•	Belfry	59008	•	Rapelje	59067
Florence	59833	•		59806	•	Bighorn	59010	•	Red Lodge	59068
Floweree	59440	•		59807	•	Billings	59101	•	Reedpoint	59069
Forsyth	59327	•		59808	•		59102	•	Roberts	59070
Fort Harrison	59636	•		59812	•		59103	•	Roscoe	59071
Frenchtown	59834	•		59057	•		59104	•	Rosebud	59347
Fromberg	59029	•	Molt	59059	•		59105	•	Ryegate	59074
Garrison	59731	•	Musselshell	59061	•		59106	•	Saint Xavier	59075
Garryowen	59031	•	Nye	59065	•		59107	•	Sanders	59076
Gildford	59525	•	Pablo	59855	•		59108	•	Shawmut	59078
Glen	59732	•	Paradise	59856	•		59111	•	Shepherd	59079
Gold Creek	59733	•	Park City	59063	•		59112	•	Sumatra	59083
Grantsdale	59835	•	Philipsburg	59858	•		59114	•	Twodot	59085
Great Falls	59401	•	Pinesdale	59841	•		59115	•	Volborg	59351
	59402	•	Plains	59859	•		59116	•	Warm Springs	59756
	59403	•	Polaris	59746	•		59117	•	Whitehall	59759
	59404	•	Polson	59860	•		59012	•	Worden	59088
	59405	•	Pompeys Pillar	59064	•	Birney	59013	•	Wyola	59089
	59406	•	Pray	59065	•	Boyd	59014	•	Yellowtail	59035
		•	Proctor	59929	•	Bridger	59015	•		
		•			•	Broadview		•		

PARTICIPATING HOSPITALS

TRADITIONAL/BASIC PLANS

Preferred	20% Coinsurance
Billings	St. Vincent's Healthcare Center
Butte	St. James Community Hospital
Choteau	Teton Medical Center
Fort Benton	Missouri River Medical Center
Great Falls	Benefis Health Care
Helena	St. Peter's Hospital
Kalispell	Kalispell Regional Hospital
Miles City	Holy Rosary Healthcare
Missoula	St. Patrick's Hospital
Polson	St. Joseph Hospital
Ronan	St. Luke's Community Hospital
White Fish	North Valley Hospital
White Sulpher Springs	Mountain View Medical Center

Non-preferred	35% Coinsurance
Billings	Deaconess Billings Clinic
Missoula	Community Medical Center (Maternity Services - 25%)

All other	25% Coinsurance
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MANAGED CARE NETWORK

BLUE CHOICE

City	Hospital
Anaconda	Community Hospital
Baker	Fallon Medical Complex
Big Sandy	Big Sandy Medical Center
Big Timber	Pioneer Medical Center
Billings	Deaconess Billings Clinic
	St. Vincent's Healthcare Center
Bozeman	Bozeman Deaconess Hospital
Butte	St. James Community Hospital
Chester	Liberty County Hospital
Choteau	Teton Medical Center
Circle	McCone County Health Center
Columbus	Stillwater Community Hospital
Conrad	Pondera Medical Center
Culbertson	Roosevelt Memorial Medical Center
Cut Bank	Northern Rockies Medical Center
Deer Lodge	Powell County Memorial Hospital
Dillon	Barrett Memorial Hospital
Ekalaka	Dahl Memorial Hospital
Ennis	Madison Valley Hospital
Forsyth	Rosebud Health Care Center
Fort Benton	Missouri River Medical Center
Glasgow	Frances Mahon Deaconess Center
Glendive	Glendive Medical Center
Great Falls	Benefis Health Care
Hamilton	Marcus Daly Memorial Hospital
Hardin	Big Horn County Memorial Hospital
Harlowton	Wheatland Memorial Hospital
Havre	Northern Montana Hospital
Helena	St. Peter's Hospital
Jordan	Garfield County Health Center
Kalispell	Kalispell Regional Medical Center
Lewistown	Central Montana Medical Center
Libby	St. John's Lutheran
Livingston	Livingston Memorial Hospital
Malta	Phillips County Medical Center
Miles City	Holy Rosary Healthcare
Missoula	Community Medical Center
	St. Patrick's Hospital

City	Hospital
Philipsburg	Granite County Memorial
Plains	Clark Fork Valley Hospital
Plentywood	Sheridan Memorial Hospital
Polson	St. Joseph Hospital
Poplar	Poplar Community Hospital
Red Lodge	Beartooth Hospital
Ronan	St. Luke's Community Hospital
Roundup	Roundup Memorial Hospital
Scobey	Daniels Memorial Hospital
Shelby	Marias Medical Center
Sheridan	Ruby Valley Hospital
Sidney	Sidney Health Center
Superior	Mineral Community Hospital
Terry	Prarie Community Hospital
Townsend	Broadwater Health Center
White Sulpher Springs	Mountain View Memorial Hospital
Whitefish	North Valley Hospital
Wolfpoint	Trinity Hospital

NEW WEST HEALTH PLAN

City	Hospital
Big Sandy	Big Sandy Medical Center
Big Timber	Pioneer Medical Center
Billings	Deaconess Medical Center
	Deaconess Billings Clinic
	Deering Clinic
Chinook	Sweet Medical Center
Colstrip	Colstrip Medical Center
Columbus	Stillwater Community Hospital
Deer Lodge	Powell County Medical Center
Dillon	Barrett Memorial Hospital
Forsyth	Rosebud Health Care Center
Great Falls	Benefis Health Care
Hamilton	Marcus Daly Memorial Hospital
Hardin	Big Horn County Memorial Hospital
Harlowtown	Wheatland Memorial Hospital
Havre	Northern Montana Hospital
Helena	St. Peter's Hospital
Jordan	Garfield County Health Center
Livingston	Livingston Memorial Hospital
Malta	Phillips County Medical Center
Missoula	Community Medical Center
	Missoula Bone and Joint
	Rocky Mountain Eye Surgery Center
	Open MRI
	First Care Northgate
	First Care Florence
	First Care Central
	Missoula Sleep Medicine
	Montana Hart Angiolab
	Big Sky Surgery Center
Plains	Clark Fork Valley Hospital
Red Lodge	Beartooth Hospital
Ronan	St. Luke's Community Hospital
Roundup	Musselshell County Medical Hospital
	Roundup Memorial Hospital
Superior	Mineral Community Hospital

PEAK HEALTH

City	Hospital
Billings	St. Vincent's Healthcare Center
Butte	St. James Community Hospital
Deer Lodge	Powell County Memorial Hospital
Hardin	Big Horn County Memorial Hospital
Harlowton	Wheatland Memorial Hospital
Miles City	Holy Rosary Health Center
Red Lodge	Beartooth Hospital and Health Center

BLUE CHOICE PRIMARY CARE PROVIDERS

CITY	NAME	SPECIALTY	CITY	NAME	SPECIALTY
Absarokee	Exley, Jack L.	Family Practice	Billings	Standish, David D.	Pediatrics
Anaconda	Baker, Shawna L.	Family Practice		Stanley, Merrill S.	Family Practice
	Mitchell, Michael J.	Family Practice		Starr, Brian L.	Pediatrics
	Reiter, William M.	Internal Medicine		Stevens, Richard C.	Pediatrics
	Robison, Jill D.	Pediatrics		Tapia, Lionel Edward	Pediatrics
	Sawdey, Donald R.	Family Practice		Thompson, Frank R	Family Practice
	Yates, Ati H.	Internal Medicine		Wickstrom, Glenda C.	Internal Medicine
Arlee	Gomersall, Janice R.	Family Practice	Boulder	Burkholder, James N.	Family Practice
Bigfork	Jenko, Thomas G.	Family Practice		Corzine, Diana A.	Family Practice
Billings	Anderson, Richard D.	Internal Medicine		Lechner, David W.	Family Practice
	Beijer, Kerstin A.	Family Practice		Sargent, Richard P.	Family Practice
	Bullman, Jon M	Family Practice		Shepard, Robert M.	Family Practice
	Busch, Byron J.	Internal Medicine	Bridger	Zavala, Jeffrey, S	Family Practice
	Campbell, Bruce G.	Family Practice	Butte	Brown, James F.	Pediatrics
	Collett, Gordon C.	Pediatrics		Chamberlain, David Paul	Internal Medicine
	Cook, Cheryl S	Internal Medicine		Cortese, Florian	Internal Medicine
	Dennis, Terry D	Internal Medicine		Ellis, William Bruce	Family Practice
	Etchart, Leonard W.	Internal Medicine		Gould, Stanley F.	OB & GYN
	Ezell, Douglas T.	OB & GYN		Graham, Kenneth J.	Pediatrics
	Fahrenwald, Roxanne	Family Practice		Hunt, Kenneth C.	Family Practice
	Fishburn, Amy M	Internal Medicine		Jacobson, John R.	Internal Medicine
	Forseth, Hal W.	OB & GYN		Kautzman, Jessie	Family Practice
	Gerbasi, Paolo F	Family Practice		Konecny, Anthony M.	Family Practice
	Gobin, Mark R	Internal Medicine		Kronenberger, Brett N.	Internal Medicine
	Grewell, Donald A.	Family Practice		LeFever, Michael E.	Family Practice
	Gunville, Fred E.	Pediatrics		McGree, Patrick J.	Family Practice
	Hagan, Michael C.	Internal Medicine		Mosqueda, Erik N	Pediatrics
	Hugelen, Julie A	Family Practice		Mulcaire-Jones, George	Family Practice
	James, Thomas R.	Family Practice		Popovich, Keith J.	Internal Medicine
	Johnson, David F.	Internal Medicine		Pullman, John	Internal Medicine
	Johnson, Jeffrey S.	Internal Medicine		Sager, Wayne L.	Pediatrics
	Johnson, Linda R.	Pediatrics		Salisbury, Dennis F.	Family Practice
	Johnson, Vernon N.	Family Practice		Salisbury, Jessie J.	Pediatrics
	Kadri, Abdulmajeed	Internal Medicine		Sessions, Lisa K.H.	Family Practice
	Kelker, Paul A.	Pediatrics		Shepherd, Susan M	Pediatrics
	Kenamore, Claire L	Pediatrics		Siddoway, Paul R.	Internal Medicine
	Kent, Thomas F.	OB & GYN		Taverna, Jacob M.	Internal Medicine
	Kobrine, Lori L.	Pediatrics		Wilson, Judith H.	Internal Medicine
	Kummer, Marian E.	Pediatrics	Choteau	Shelton, Laura	Family Practice
	Lambert, Thomas J	Internal Medicine		Vail, Ronald E	Family Practice
	Langohr, Janis I.	Pediatrics	Columbia Falls	Carlson, Mary Ann	Pediatrics
	Levy, Craig A.	Internal Medicine		Miller, Joan M.	Family Practice
	Lewis, Allen T.	Pediatrics		Pitman, Douglas J.	Family Practice
	Maheras, Joseph C.	Internal Medicine		Tremper, John H.	Family Practice
	Malters, Edward C	Internal Medicine	Dillon	Thomas, Raymond L.	Family Practice
	McClave, Charles R.	Internal Medicine	Eureka	Ionescu, Raluca M	Internal Medicine
	Metzger, Michael E.	Internal Medicine		Ionescu, Serban I	Internal Medicine
	Michels, Frank C.	Family Practice		Stein, Edward P	Family Practice
	Moore, Douglas L.	General Practitioner	Florence	Gomersall, Janice R.	Family Practice
	Nichols, Robert James	Family Practice		Milan, Georgia A.	Family Practice
	Petersen, Susan J	Family Practice		Vasquez, Ned F.	Family Practice
	Sauer, John Patrick	Pediatrics			
	Schiffert, Martin G.	Family Practice			
	Schnitzer, Brian M.	Family Practice			
	Shaub, Stephen R.	Family Practice			
	Sorensen, Neal B.	Internal Medicine			

BLUE CHOICE PRIMARY CARE PROVIDERS

CITY	NAME	SPECIALTY	CITY	NAME	SPECIALTY
Fort Benton	Buck, Mark K	Family Practice	Hamilton	Heath, H. Brett	Family Practice
	Russell, Donald E.	Internal Medicine		Melia, Larry D	Internal Medicine
Frenchtown	Marks, Robert D.	Family Practice		Milch, Lisa J.	Internal Medicine
				Moreland, John P.	Internal Medicine
Geraldine	Buck, Mark K.	Family Practice		Smith, Gary	Internal Medicine
				Stewart, Randy L.	Family Practice
Great Falls	Addison, T Brice	Internal Medicine		White, Marshall W.	OB & GYN
	Asthalter, James H.	Family Practice	Hardin	Billin, Aaron R.	Family Practice
	Avery, Susan H.	Family Practice		Greimann, Carolyn S.	Family Practice
	Barker, Marci L.	Family Practice		Ostahowski, Gary A	Family Practice
	Bergman, Bradford A	Internal Medicine		Whiting, Jr., Robert R.	Family Practice
	Braget, Daren J.	OB & GYN	Harlowton	Maccart, John G.	Family Practice
	Buchanan, C. Mart	Internal Medicine			
	Buffington, Gary A.	Internal Medicine	Havre	Booth, Thomas D.	Family Practice
	Burleigh, Peter L.	OB & GYN		Henderson, Robert T.	Internal Medicine
	Chapman, Vicki L.	OB & GYN		Huffman, Phillip A	Internal Medicine
	Chrzanowski, Steven M.	Internal Medicine		Kelley, James N.	Family Practice
	Cogar, Allison A.	Pediatrics		Lien, Karen E	Family Practice
	Dolan, Paul G.	Internal Medicine		McCroskey, Robert C.	Internal Medicine
	Eck, Marci J.	OB & GYN		Miller, Frank L	OB & GYN
	Effertz, Susan J.	Internal Medicine		Nolan, Michael D.	Family Practice
	Engbrecht, David R.	Family Practice		Richardson, Bruce W.	Family Practice
	Friehling, Bonnie S.	Family Practice		Ward, Mark A.	Internal Medicine
	Garver, Michael K	Pediatrics	Helena	Batey, William M.	Family Practice
	Gerrity, Nora C.	Pediatrics		Bower, Ryan T.	Family Practice
	Handwerk, Francis J.	OB & GYN		Burkholder, James N.	Family Practice
	Harkness, James E.	Family Practice		Cody, Karen E.	Family Practice
	Hinz, Jeffrey P.	Pediatrics		Corzine, Diana A.	Family Practice
	Houlihan, Gregory S.	Family Practice		Crichton, James W	Family Practice
	Johnson, Marcus A.	Family Practice		Dill, Tracy B.	Internal Medicine
	Joyner, Donald R.	OB & GYN		Eodice, Diane M.	Family Practice
	Key, Thomas C	OB & GYN		Eodice, Paul A.	Family Practice
	Krezowski, Phillip A.	Internal Medicine		Fernandez, William N	Internal Medicine
	Kuykendall, Julie L	OB & GYN		Fritz, Blayne L.	Pediatrics
	Lenz, Tony J.	Internal Medicine		Harrison, Virginia Lee	Internal Medicine
	Mahan, John W.	Internal Medicine		Hess, Phillip A	Family Practice
	Marron, Colleen M.	Pediatrics		Hesskamp, Daniel E	Internal Medicine
	Martin, Bryan E	Internal Medicine		Hiesterman, Dwight R.	Internal Medicine
	Matelich, Craig C.	Pediatrics		Howell, Sheri S.	Family Practice
	Maynard, Bobby L.	Internal Medicine		Hunter, Kristine A	Internal Medicine
	Maynard, Nancy J.	Pediatrics		Justad, Jean M	Internal Medicine
	McClure, Robert J.	OB & GYN		Keefe, Erin M.	Pediatrics
	Messick-Laeven, Petra M.	Pediatrics		Krainacker, David A	Family Practice
	Miles, Mark R.	OB & GYN		Kreisberg, Mark S.	Internal Medicine
	Mills, Angela L	Family Practice		Kubicka, Kurt T.	Family Practice
	Roux, Timothy P	Internal Medicine		Larson, Jay L.	Internal Medicine
	Speer, Jerry W.	Family Practice		Lechner, David W.	Family Practice
	Swift, Douglas E.	Internal Medicine		Maher, James J.	Family Practice
	Treptow, Craig L	Family Practice		Malany, Andrew M	OB & GYN
	Triehy, Thomas G.	Family Practice		Marx, Shari K	Internal Medicine
	Weill, Timothy C.	Family Practice		McMahon Jr., Jack W	OB & GYN
	Wood, Julie A.	Family Practice		Mest, Stephen J	Internal Medicine
	Yturri, James A	Internal Medicine		Ramirez, Jorge I.	Family Practice
Hamilton	Ashcraft, Walker J.	Family Practice		Reynolds, John A.	Pediatrics
	Borino, Teresa P.	Family Practice		Riessen, Erik R.	Internal Medicine
	Brouwer, Lawrence D.	Family Practice		Sanders, Kenton L.	Internal Medicine
	Gillis, Harry G	Pediatrics		Sargent, Richard P.	Family Practice
	Harder-Brouwer, Kathleen	Family Practice			

BLUE CHOICE PRIMARY CARE PROVIDERS

CITY	NAME	SPECIALTY	CITY	NAME	SPECIALTY
Helena	Shepard, Robert M.	Family Practice	Miles City	Drivdahl-Smith, Christine	Family Practice
	Schoderbek, William E.	Internal Medicine		Gallo, Susan J.	Family Practice
	Seitz, Tristan A.	Internal Medicine	Missoula	Arnold, John E.	Pediatrics
	Snider, William C.	Family Practice		Autio, Lar K	Family Practice
	Souvenir, David B	Internal Medicine		Calderwood, Terence M.	Family Practice
	Strekall, Michael S.	Family Practice		Caldwell, J. Michael	Internal Medicine
	Strickler, Jeffrey H.	Pediatrics		Evans, Kathleen E	Family Practice
	Strizich, Thomas A	Pediatrics		Gottman, Dirk R.	Pediatrics
	Weitz, Brian C.	Family Practice		Gouaux, James E.	Internal Medicine
	Wiley, Frank W	Family Practice		Hughson, H. Eric	Internal Medicine
Hot Springs	Damschen, Rhonda E.	Family Practice		Knapp, Joseph F.	Internal Medicine
	Drye, John N.	Family Practice		Kress, Eric Jon	Family Practice
	Hanson, Gregory S.	Family Practice		Langenderfer, Mary C.	Internal Medicine
Kalispell	Armstrong, Jr., James H.	Family Practice		Marks, Robert D.	Family Practice
	Armstrong, SR., James H.	Family Practice		McDonald, Judith D.	Family Practice
	Bechard, Jason G	Internal Medicine		Murphy, Anne Marie	Internal Medicine
	Bechard, Jonathan G	Internal Medicine		Nevin, Donald R	Family Practice
	Bukacek, Ann M	Internal Medicine		Roberts, Thomas H.	Internal Medicine
	Caughlan, Thomas V.	Internal Medicine		Rogers, Kathleen S.	Pediatrics
	Csaplar, Laura J.	Pediatrics		Seagraves, Stan H.	Internal Medicine
	Davis, Jack L.	Internal Medicine		Selbach, Susan M.	Family Practice
	Dixon, Charles L.	Family Practice		Sheehan, Kevin M	Internal Medicine
	Evans, Stephen S	Internal Medicine		Szekely, Peter C.	Internal Medicine
	Fleischer, Lisa Ann	Family Practice		Visscher, Judith K.	Family Practice
	Gill, Christopher H.	Internal Medicine		Walter, Gary F.	Internal Medicine
	Habel, David C.	Internal Medicine		Yahn, Diane M.	Internal Medicine
	Johnson, Marise K	Internal Medicine	Plains	Damschen, Rhonda Elaine	Family Practice
	Jonas, Kenneth L	Family Practice		Drye, John N	Family Practice
	Kiley, James A.	Family Practice		French, Dean O	Family Practice
	Lavin, John A.	OB & GYN		Hanson, Gregory S.	Family Practice
	Ludden, Charles B.	OB & GYN	Polson	Carte, Timothy W.	Pediatrics
	Martin, Irene R.	Family Practice		Gochis, Paul D.	Family Practice
	Natelson, Richard M	OB & GYN		Gorman, David E	Family Practice
	Nelson, Douglas A.	Internal Medicine		Irwin, R. Stephen	Family Practice
	Oehrtman, Pamela R.	Family Practice		Norum, Nora E.	Family Practice
	Palchak, Andrew E.	Family Practice		Panos, Craig J.	Family Practice
	Sharp, Cindy K	Internal Medicine		Stahl, Steve D	Family Practice
	Sherrick, Robert C.	Internal Medicine	Red Lodge	Zavala, Jeffrey S.	Family Practice
	Sorensen, Mark J.	Pediatrics			
	Swanberg, Louise E.	Internal Medicine	Ronan	Bahnmler, Daniel E.	OB & GYN
	Violet, Jodi L	Family Practice		Bedell, Mikael Eugene	Family Practice
	Vranish, Loren S.	Family Practice		Cullis, William C.	Family Practice
	Weber, Kyle C.	Family Practice		Dempsey, John Michael	Family Practice
	Wilder, Wallace S.	Pediatrics		Gochis, Paul D.	Family Practice
	Winkel, R. Dennis	Family Practice		Jones, Heather	Family Practice
	Wise, Richard C.	Family Practice		Stepanski, Suzanne M	Family Practice
				Vizcarra, Ed T.	Family Practice
Laurel	Forseth, Lori A.	Family Practice		Yoder, Steven M.	Family Practice
	McCrea, Kevin G	Family Practice	Roundup	Subramanian, Sanjay	Internal Medicine
	Richardson, E. Lee	Family Practice			
	States, Patti A.	Family Practice	Saint Ignatius	Davis, Victor M.	General Practice
	Ulrich, Robert C	Family Practice			
Libby	VanNice, Robert B.	Family Practice	Seeley Lake	Autio, Lar K.	Family Practice
	Tai, Frederick W	Internal Medicine		Barstad, Christine R	Family Practice
Lolo	Gomersall, Janice R	Family Practice		Calderwood, Terence M.	Family Practice
	Vasquez, Ned F	Family Practice		Nevin, Donald R.	Family Practice

BLUE CHOICE PRIMARY CARE PROVIDERS

CITY	NAME	SPECIALTY	:	CITY	NAME	SPECIALTY
Stevensville	Baldrige, Teresa A	Internal Medicine	:	Whitefish	Beach, D. Randall	OB & GYN
	Crews, Kirk Leroy	Family Practice	:		Bowden, Mirna D.	OB & GYN
	Jones, Ellyn P.	Pediatrics	:		Charman, Charles S.	Internal Medicine
	Paul, Mark C.	Family Practice	:		Daniell, Suzanne D.	Internal Medicine
	Pittenger, Leea M.	Family Practice	:		Erickson, Jay S.	Family Practice
	Reed, Frank M.	Family Practice	:		Holdhusen, Christopher J.	Family Practice
	Rudd, Jane P.	Family Practice	:		Kalbfleisch, John N.	Family Practice
Thompson Falls	Damschen, Rhonda E.	Family Practice	:		Miller, Jon A.	Family Practice
	Drye, John N.	Family Practice	:		Miller, Ronald A.	Family Practice
	Hanson, Gregory S.	Family Practice	:		Munzing, Daniel E.	Family Practice
	Lovell, Randy J.	Family Practice	:		Neff, Kathryn H.	Family Practice
White Sulphur Springs	Bullington, Ben P.	Internal Medicine	:		Ricker, Frank M.	Family Practice
	Steinberg, Marc P.	Pediatrics	:	Whitehall	Reiff, Terry D.	Family Practice
			:		Sacry, Gayle	Family Practice
			:	Worden		
			:		Stanely, Merrill Scott	Family Practice

Note: The Primary Care Providers were current as of the time this document was printed, however, they are subject to change. Please check with the plan administrator to verify provider participation.

NEW WEST PRIMARY CARE PROVIDERS

CITY	NAME		DEGREE	CITY	NAME		DEGREE
Big Sandy	Lanchbury	Forrest	MD	Billings	Moore	Douglas	MD
	Payne	Jeri	FNP		Neubauer	Laurie	PAC
					Olson	Thomas	MD
Big Timber	Healy	Ronald	MD		Randak	Mark	MD
	Jacquay	Paul	PAC		Rathe	Laura	MD
	Walker	Wallace	MD		Regan	Dennis	MD
	Walton	Sarah	FNP		Ries	Justin	MD
					Saberhagen	Eric	MD
Billings	Argani	Faranak	MD		Sloan	Steven	MD
	Asbell	Susan	FNP		Smith	Angela	PA
	Ashcraft	Jimmie	MD		Smith	Ronald	MD
	Blohm	Steven	FNP		Stockman	Nancy	NP
	Braden	Jean	NP		Szabo	Laura	MD
	Bradford	Tyler	MD		Thomas	James	MD
	Brown	Elaine	MD		Thompson	Frank	MD
	Campbell	Bruce	MD		Uptergrove	Kevin	MD
	Carr	F	MD		Wardell	Tanja	PAC
	Center	Dean	MD		Weiss	Deric	MD
	Cruikshank	Sandra	NP		Wittnam	Charles	MD
	Deim	Jon	NP				
	Duncan	Heidi	MD	Boulder	Burkholder	James	MD
	Emery	Dale	MD		Corzine	Diana	MD
	Fletcher	Cheryl	CRNP		Lagerquist	Lori	PA
	Ford	Morgan	MD		Lechner	David	MD
	Fouts	Thomas	MD		Sargent	Richard	MD
	Fullerton	Brian	MD		Shepard	Robert	MD
	Gall	Daniel	MD				
	Gerstner	Steven	MD	Chinook	Nemes	Joseph	MD
	Girolami	James	MD				
	Grewell	Donald	DO	Colstrip	Craig	Jackson	PA
	Guertin	Lavina	NP		Ortiz	Jose	MD
	Guisti	Robert	FNP		Pereles-Ortiz	Jeanne	MD
	Guzman	Glenn	MD				
	Hall	Kathryn	PAC	Columbus	Kane	David	MD
	Harris	James	MD		Klee	Richard	MD
	Hartman	Ullainee	NP				
	Hemmelspach	Linda	NP	Culbertson	Abawi	Jaber	MD
	Hemmer, Jr.	Lawrence	MD				
	Henslin	Fred	NP	Darby	Evans	Patricia	MD
	Husby	Lucinda	MD				
	Johnson	Frank	MD	Deer Lodge	Evans	Kathy	MD
	Johnson	Julie	MD		Martin	Wayne	MD
	Kale	Kari	MD		Oser	J	MD
	Kammerzell	Yvonne	NP		Sullivan	Donald	PAC
	Kane	Rebecca	NP				
	Kelly	Alberta	MD	Dillon	Blake	C	MD
	Kennedy	Marie	PAC		Carrick	Patricia	FNP
	Killenbeck	Jo	NP		Grantham	Patricia	MD
	King	J	MD		Haight	Eugenie	MD
	Klee	Karen	MD		Hansen	Burke	MD
	Lambert	Thomas	MD		Loge	Ronald	MD
	Landrigan	Chris	PAC		Mckee	Scott	MD
	Langburd	Lisa	FNP		Thomas	Raymond	MD
	Levy	Craig	MD		Weed	Karen	MD
	Mccomb-Goins	Stacy	PAC	Florence	Engberg	Lynn	FNP
	Mccracken	CH	MD		Hartmann	Daniel	MD
	McDonough	Catherine	FNP		Milan	Georgia	MD
	McIntosh	Camille	MD				
	Miller	Kris	NP	Forsyth	Anderson	William	MD
	Mitchell	Peter	MD		Borgstadt	Mary	FNP

NEW WEST PRIMARY CARE PROVIDERS

CITY	NAME		DEGREE	CITY	NAME		DEGREE
Forsyth	Crowley	Diane	MD	Helena	Burkholder	James	MD
	Hopwood	Donald	MD		Cody	Karen	MD
	Nordman	Laura	MD		Corzine	Diana	MD
Great Falls	Graves	Walter	MD	Fernandez	William	MD	
	Harkness	James	DO	Gormely	Dawn	NP	
	Hinshaw	James	MD	Harrison	V	MD	
	Johnson	Marcus	MD	Hartman	Devon	NP	
	Johnson	Mike	MD	Hay	Michael	MD	
	Jorgenson	Kathy	NP	Hess	Philip	MD	
	Joyner	Donald	MD	Hiesterman	Dwight	MD	
	Kuykendall	Julie	MD	Howell	Sherif	MD	
	Miles	Mark	MD	Hunter	Kristine	MD	
Weiss	Laura	MD	Huntley	Maria	MD		
Hamilton	Ashcraft	Walker	MD	Hutchison	Mary	NP	
	Borino	Teresa	MD	Jordan	David	MD	
	Brouwer	Lawrence	MD	Justad	Jean	MD	
	Crews	Kirk	MD	Kenny	Lisa	FNP	
	Forbes	Virginia	FNP	Lagerquist	Lori	PA	
	Harder-Brouwer	Kathleen	MD	Larson	Jay	MD	
	Heath	H	MD	Lechner	David	MD	
	Leugers	Camille	MD	Malany	Andrew	MD	
	Mauer	Kathleen	FNP	Mcmahon	John	MD	
	Milch	Lisa	MD	Mest	Stephen	MD	
	Moreland	John	MD	Nicholl	Judy	FNP	
	Smith	Gary	MD	Porte	Dawn	FNP	
	Stewart	Randy	MD	Ramirez	Jorge	MD	
	Wagner	Alexis	FNP	Riessen	Erik	MD	
	White	Marshall	MD	Roope	Beverly	FNP	
Hardin	Billin	Aaron	MD	Sanders	Kenton	MD	
	Caprata	Kim	PA	Sargent	Richard	MD	
	Das	Diane	MD	Seitz	Tristan	MD	
	Greimann	Carolyn	MD	Shepard	Robert	MD	
	Murter	Melody	NP	Smigaj	Denise	NP	
	Ostahowski	Gary	MD	Snider	William	MD	
	Thorngren	Frank	MD	Souvenir	David	MD	
	Whiting	Robert	MD	Strekall	Michael	MD	
Harlowton	Ham	Tony	MD	Vanhorssen	Jamie	FNP	
	Maccart	John	MD	Wiley	Frank	MD	
	Thompson	Dwight	PA	Williams	Carla	MD	
	Wolf	Mary	MD	Winfield	Linda	NP	
Havre	Booth	Thomas	DO	Hot Springs	Drye	John	MD
	Crossley	David	PA		Hanson	Gregory	MD
	Henderson	Robert	MD		Shear	Alan	PA
	Kelley	James	MD	Jordan	Muniak	Daniel	PAC
	Lien	Karen (Karrie)	MD		Lincoln	Barrey	Roger
	Mccroskey	Robert	MD	Livingston		Baskett	Lindsay
	Miller	Frank	MD		Burwell	Shawn	MD
	Nolan	Michael	MD		Flook	Benjamin	MD
	Pappas	Mary	NP		Helin	Denise	MD
	Richardson	Bruce	MD		Loh	Johnson	MD
	Ward	Mark	DO		Noteboom	Dennis	MD
Helena	Batey	William	MD		Reid	Genevieve	MD
	Bills-Kazimi	Kay	PA		Rowe	Thomas	MD
	Bower	Ryan	MD		Scanson	Peggy	FNP
	Bristow	Donna	FNP		Scofield	Ted	MD
	Bryant	Lynne	NP				

NEW WEST PRIMARY CARE PROVIDERS

CITY	NAME		DEGREE	CITY	NAME		DEGREE
Malta	Armstrong	Patrick	PA	Noxon	French	Dean	MD
	Giblette	Thad	NP		Johns-Kooy	Karin	PAC
					Shear	Alan	PA
Miles City	Alfara	Sherif	MD	Plains	Damschen	Rhonda	MD
	Amsden	Jessica	PAC		Drye	John	MD
	Davis	Marilyn	PAC		Hanson	Gregory	MD
	Holland	Randy	PAC		Mack	Randall	PAC
	Nass	Omar	MD		Nicoletto	Joseph	MD
	Rauh	Randall	MD	Polson	Ardiana	Gina	FNP
	Roshan	Bijan	MD		Gorman	David	MD
	Shiotani	Glenn	MD		Palmieri	Steven	DO
	Vadheim	A	MD		Panos	Craig	MD
Missoula	Allen	Paula	PA	Red Lodge	Espanosa	Octaviano	MD
	Anderson	Rebecca	MD		George	William	MD
	Baker	Cheryl	MD		Mohl	Virginia	MD
	Baskett	Kathleen	MD	Ronan	Bahnmler	Daniel	DO
	Baumgartner	Thomas	MD		Bedell	Mikael	MD
	Bekel	Mike	PA		Cullis	William	MD
	Bethune	Diedra	NP		Forney	Alison	MD
	Bridges	Carol	MD		Jones	Heather	MD
	Burke	Timothy	MD		Schure	Stanley	MD
	Carnegie	Margaret	MD		Stepanski	Suzanne	DO
	Cone	Clancy	MD		Vizcarra	Ed	MD
	Davis	Carla	MD		Yoder	Steven	MD
	Ferguson	J	MD	Roundup	Harding	Dale	MD
	Gerstle	Lawrence	MD		Khalifa	Ammar	MD
	Gibson	Carla	APRN	St. Ignatius	Trudeau	Randy	PAC
	Graber	Shannon	MD	Stevensville	Baldrige	Teresa	MD
	Harper	Daniel	MD		Brouwer	Lawrence	MD
	Harvey	Gary	MD		Crews	Kirk	MD
	Hebl	Jeanne	CNM		Downey	David	MD
	Hough	Brian	MD		Harder-Brouwer	Kathleen	MD
	Howard	Raymond	DO		Leugers	Camille	MD
	Hubbard	Duncan	MD		Paul	Mark	MD
	Knudsen	Valerie	MD		Reed	Frank	MD
	Kornish	Gloria	PAC		Rooley	Beverly	NP
	Kornish	Michael	MD		Rudd	Jane	MD
	Larson	Jennifer	NP		Turnbull	Teresa	NP
	Margaret	Carnegie	MD	Superior	Chambers	Laurel	PAC
	Marx	Laura	FNP		Jones	Terry	MD
	Mccoy	Craig	MD		Ornelas	Ernesto	FNP
	Mikesell	Bruce	MD		Park	Yong	MD
	Montgomery	Lynn	MD		Parrott	Robert	DO
	Nielsen	Killeen	APRN		Smith	Terry	MD
	Opper	Mindy	PA	Thompson Falls	Fiel	Janet	APRN
	Pitt	Jesse	MD		French	Dean	MD
	Priddy	Michael	MD		Hanson	Gregory	MD
	Quick	Edward	MD		Lintz	Jan	PAC
	Rauch	Kristen	MD		Lovell	Randy	DO
	Ravitz	Eric	DO		Nicoletto	Joseph	MD
	Rick	Brian	PAC	Whitehall	Reiff	Terry	DO
	Schure	S	MD		Sacry	Gayle	MD
	Smith	Stephen	MD				
	Thompson	Beth	MD				
	Thorsrud	Darci	NP				
	Travis	Lee	MD				
	Westphal	David	MD				
	Whitney	Leslie	MD				

PEAK HEALTH PRIMARY CARE PROVIDERS

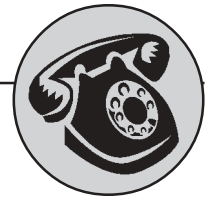
CITY	NAME		SPECIALTY	CITY	NAME		SPECIALTY
Absarokee	Cruikshank	Sandra	Family Practice	Billings	Maheras	Joseph	Internal Medicine
	Exley	Jack	Family Practice		Malters	Edward	Internal Medicine
	Loge	Patricia	Family Practice		McClave	Charles	Internal Medicine
	Ragar	Todd	Family Practice		McDonough	Catherine	Family Practice
	Smith	Kelly	Family Practice		McNew	Laurie	Internal Medicine
	Spuhler	Sheri	Family Practice		Mehia	Denise	Internal Medicine
Anaconda	Robison	Jill	Pediatrics		Metzger	Michael	Internal Medicine
					Michels	Frank	Family Practice
Ashland	Billin	Aaron	Family Practice		Molloy	Daniel	OB & GYN
	Caprata	Kimberly	Family Practice		Moore	Douglas	Family Practice
	Greimann	Carolyn	Family Practice		Nagy	Dianne	OB & GYN
	Murter	Melody	Family Practice		Neuhoff	Douglas	OB & GYN
	Ostahowski	Gary	Family Practice		Nichols	Robert	Family Practice
Billings	Anderson	Richard	Internal Medicine		Pestle	Rebecca	Internal Medicine
	Bailey	Ieva	OB & GYN		Petersen	Susan	Family Practice
	Beijer	Kerstin	Family Practice		Petrozzo	Joseph	Family Practice
	Bullman	Jon	Family Practice		Plummer	L. Eugene	Family Practice
	Busch	Byron	Internal Medicine		Quinn	Christine	Family Practice
	Campbell	Bruce	Family Practice		Ragar	Todd	Family Practice
	Cassel	Carolyn	Internal Medicine		Roane	Douglas	Internal Medicine
	Chavez	David	Pediatrics		Schiffert	Martin	Family Practice
	Chisdak	Jami	OB & GYN		Schnitzer	Brian	Family Practice
	Cobb	Patrick	Internal Medicine		Shaub	Stephen	Family Practice
	Collett	Gordon	Pediatrics		Smith	Angela	Family Practice
	Cook	Cheryl	Internal Medicine		Smith	Kelly	Family Practice
	Cruikshank	Sandra	Family Practice		Sorensen	Neal	Internal Medicine
	Dennis	Terry	Internal Medicine		Standish	David	Pediatrics
	Dietrich	Janet	OB & GYN		Stevens	Richard	Pediatrics
	Emery	Danielle	OB & GYN		Tapia	Lionel	Pediatrics
	Etchart	Leonard	Internal Medicine		Thompson	Frank	Family Practice
	Ezell	Douglas	OB & GYN		Troupe	Daniel	Family Practice
	Fahrenwald	Roxanne	Family Practice		Wagner	Sarah	Family Practice
	Fishburn	Amy	Internal Medicine		Wickstrom	Glenda	Internal Medicine
	Forseth	Hal	OB & GYN		Widenoja	Pat	Family Practice
	Furr	Pamela	OB & GYN		Willkom	Brenda	OB & GYN
	Gerbasi	Paolo	Family Practice		Zinser	Michael	Family Practice
	Gilmore	Brenda	Family Practice	Bridger	Loge	Patricia	Family Practice
	Giusti	Robert	Family Practice		Malinowski	Sheryl	Family Practice
	Gobin	Mark	Internal Medicine		Ragar	Todd	Family Practice
	Hagan	Michael	Internal Medicine		Smith	Kelly	Family Practice
	Hall	Kathryn	Family Practice	Butte	Brown	James	Pediatrics
	Harris	Vanona	Family Practice		Burton	Susan	OB & GYN
	Hart	Nadine	Family Practice		Carrick	Patricia	Family Practice
	Hugelen	Julie	Family Practice		Chamberlain	David	Internal Medicine
	James	Thomas	Family Practice		Cortese	Florian	Internal Medicine & Gastroenterology
	Johnson	David	Internal Medicine		Gould	Stanley	OB & GYN
	Johnson	Jeffrey	Internal Medicine		Graham	Kenneth	Pediatrics
	Johnson	Vernon	Family Practice		Healy	Shari	Family Practice
	Jozwiak	Mary	Internal Medicine		Henke	Paul	OB & GYN
	Kadri	Abdulmajeed	Internal Medicine		Hunt	Kenneth	Family Practice
	Kadri	Kathie	Internal Medicine		Jenrich	Mianne	OB & GYN
	Kent	Thomas	OB & GYN		Kronenberger	Brett	Internal Medicine
	Kummer	Marian	Pediatrics		LeFever	Michael	Family Practice
	Lambert	Thomas	Internal Medicine		McGree	Patrick	Family Practice
	Langohr	Janis	Pediatrics		Mercury Street Medical Group	Clinic	
	Lewis	Allen	Pediatrics		Mosqueda	Eric	Pediatrics
	Lindley	Jeff	Family Practice		Mulcaire-Jones	George	Family Practice
	Loge	Patricia	Family Practice				

PEAK HEALTH PRIMARY CARE PROVIDERS

CITY	NAME		SPECIALTY	CITY	NAME		SPECIALTY
Butte	Munro	Leslie	Geriatrics	Miles City	Gwin	Cathie	Family Practice
	O'Brien	Al	Family Practice		King	Charles	OB & GYN
	Popovich	Keith	Internal Medicine & Pulmonary Medicine		Osmun	Cathie	OB & GYN
	Pullman	John	Internal Medicine & Critical Care & Infectious Disease		Rauh	J. Randall	OB & GYN
					Reynolds	Lourdes	Pediatrics
	Russel	Kathy	Family Practice		Riley	Mary	Family Practice
	Sager	Wayne	Pediatrics		Young	James	Pediatrics
	Salisbury	Dennis	Family Practice	Red Lodge	Cruickshank	Sandra	Family Practice
	Salisbury	Jessie	Pediatrics		Loge	Patricia	Family Practice
	Sessions	Lisa	Family Practice		Ragar	Todd	Family Practice
	Sessions	Lisa	Obstetrics		Smith	Kelly	Family Practice
	Shepherd	Susan	Pediatrics		Zavala	Jeffrey	Family Practice
	Siddoway	Paul	Internal Medicine & Cardiology	Worden	Cruickshank	Sandra	Family Practice
	Takach	George	Family Practice		Hart	Nadine	Family Practice
	Wilson	Judy	Internal Medicine		Loge	Patricia	Family Practice
Deer Lodge	Bertoglio	Francis	Family Practice		Pestle	Rebecca	Internal Medicine
	Deer Lodge Clinic		Clinic		Ragar	Todd	Family Practice
	Martin	Wayne	Family Practice		Smith	Kelly	Family Practice
	Oser	J. Barry	Family Practice		Stanley	Merrill	Family Practice
	Stinson	Kathy	Family Practice				
	Sullivan	Don	Family Practice				
Hardin	Billin	Aaron	Family Practice				
	Caprata	Kimberly	Family Practice				
	Cruickshank	Sandra	Family Practice				
	Greimann	Carolyn	Family Practice				
	Helwick	Lillian	Family Practice				
	Loge	Patricia	Family Practice				
	Murter	Melody	Family Practice				
	Ostahowski	Gary	Family Practice				
	Persons	June	Family Practice				
	Ragar	Todd	Family Practice				
	Ralicke	Eileen	Family Practice				
	Smith	Kelly	Family Practice				
	Troyer	Lin	Family Practice				
	Whiting	Robert	Family Practice				
Harlowton	MacCart	John	Family Practice				
	Ragar	Todd	Family Practice				
	Thompson	Dwight	Family Practice				
	Wolf	Mary	Family Practice				
Laurel	Cruickshank	Sandra	Family Practice				
	Forseth	Lori	Family Practice				
	Loge	Patricia	Family Practice				
	McCrea	Kevin	Family Practice				
	Ragar	Todd	Family Practice				
	Richardson	E. Lee	Family Practice				
	Smith	Kelly	Family Practice				
	States	Patti	Family Practice				
	Ulrich	Robert	Family Practice				
	VanNice	Robert	Family Practice				
	VanNice	Robert	OB & GYN				
Miles City	Drivdahl-Smith	Christine	Family Practice				
	Erickson	Kara	Family Practice				
	Gallo	Susan	Family Practice				



RESOURCES



MONTANA EMPLOYEE BENEFITS BUREAU
1-800-287-8266 or 444-7462 in Helena

www.discoveringmontana.com/doa/spd/css/benefits/healthbenefits.asp

..... General benefits information and contacts.

BLUE CROSS AND BLUE SHIELD OF MONTANA
1-800-423-0805 or 444-8315 in Helena
www.bluecrossmontana.com

NEW WEST HEALTH PLAN
1-800-290-3657 or 457-2202 in Helena
www.newwesthealth.com

PEAK HEALTH PLAN
Customer Service/Benefits/Claims: 1-866-368-7325 (PEAK)
Provider Network: 1-888-256-6556
Prior authorization/Pre-certification: 1-866-275-7646
www.healthinonetmt.com

..... ECKERD HEALTH SERVICES (EHS)
1-888-347-5329
www.ehs.com

Prescription drug refills, customer service, prior authorizations, and quantity over-rides.

..... VISION SERVICE PLAN (VSP)
1-800-877-7195
www.vsp.com

..... Eye Exam, related services and benefits.

APS MEDICAL MANAGED CARE
1-800-635-5271 or 444-8550
www.apshealthcare.com

EAP Services, counseling referrals, pre-certifications, case management, and information.

..... UNUM LIFE INSURANCE COMPANY
1-800-227-4165
www.unum.com/enroll/stateofmontana

..... Long-term care claims and information.

ASI
1-800-659-3035
FAX: 1-573-874-0425
www.asiflex.com

Flexible Spending Accounts claims, eligible expenses, account status, and IRS rules.